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THE INDUSTRIAL DENTAL DISPENSARY

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The following paper was read at the meeting of the American Dental Trade Association, held at Lenox, Massachusetts, June 25, 26, 27, 1919. The Industrial Dental Dispensary is a development of the past few years and threatens to be a most important factor in the oral hygiene field. With a number of factories establishing industrial, medical and dental clinics it promises to be but a short time before they rival in number the free school dental clinics. It is natural for an employee to value dress, hats, and ribbons as of greater value than attention to the teeth, but as they learn that this is an important health factor, and the money and time spent for dental service is for the protection of health, we will have a greater appreciation of this work and the spreading of the gospel of mouth hygiene. The services performed for this class are largely outside the field of profitable dental practice and unless these employees were attended to at the factory they would receive little or no dental attention. In fact the industrial dental dispensary may be considered an educational center from which shall radiate an appreciation of good dentistry and the dentist will benefit thereby. It is our duty to be informed on this subject and call the attention of our patients who are employers of labor to the value of the dental dispensary and what others have accomplished in this line. The information here contained is strictly up-to-date and is as complete as we know how to make it. The article will bear re-reading and kept as a reference in discussing the subject with employers of labor.



THE earliest recognition of the professions in the field of industry, was the "Mine Doctor," employed by the mining company, many times separated from the outside world, to minister to its help.

¶ The medical department of the industrial establishment, a child of the past decade, has tremendously advanced. Beginning with the simple treatment of emergency injuries, it has been gradually extended until at present in some of the best and largest plants, medical supervision embraces first-aid service, regular clinical dispensaries, emergency hos-

pitals, visiting nurses, examination before entering the plant, as well as periodical examination of all workers; including also factory inspection, educational work, safety work, sanitary care of the plant and treatment of the employees and their families at home.

It has been estimated that every man replaced in an industrial plant costs the management from ten to three hundred dollars, depending on the ability of the employee. The balance is in favor of keeping the satisfactory worker at an advanced wage rather than a fresh hand at a lower rate.

It is said that at the present time there are over four hundred indust-

rial dispensaries and the number is increasing rapidly. Undoubtedly the cause of their establishment was the Compensation Laws for the benefit of employees. In times past an employee receiving an injury paid his own doctor bill, was the recipient of a benefit subscription taken up by fellow employees and, after partial recovery, went back to work for the firm who employed him until the danger of a suit had passed and then he was dropped from the rolls, a derelict unable to sustain his family and either society had to assume the burden or members of the family become wage earners. In case of the employee bringing a suit it was cheaper for the firm to law the man out of court than to allow his claim. At one time the railroad companies of the country asserted that it was cheaper to kill a man than to injure him. In case of death his family collected \$3,000. In case of injury he might be awarded many times this amount. With the advent of the Compensation Laws, he was protected from accidents and for the first time the man operating the machines was considered of as great or greater value. Up to this time it had been possible to scrap the man and supply new machinery.

But the firms establishing an industrial dispensary found that it actually paid in dollars and cents outside of the compensation features; that men who were injured and had their wounds taken care of immediately were not absent for long periods, as they could have their hurts taken care of without the loss of a day's time. The loss of time through illness is about one to seven. Medical departments report reduction of time by illness to be one-half. The spirits of the men were

also raised and their loyalty to the institution strengthened.

The first dental dispensary was undoubtedly that of the Diamond Match Company—who, before the perfection of its process, had to employ a dentist to fight phosphor-necrosis of the jaw.

With the recognition of dentistry as a health factor—that a large percentage of the diseases of the system were first introduced through the mouth, it was inevitable that dentistry should play its part in industry and the establishment of the industrial dental dispensary became an accepted fact. This, in conjunction with the medical department under the control and direction of the M. D., with the X-ray machine and nurses that were up to this time partially employed. They could all be used in the dental dispensary to good advantage.

This movement is not confined to America. At least one English jam factory and several French munition factories have established industrial dental dispensaries for the benefit of their employees.

There have been published, at various times, lists of industrial dental dispensaries in the United States. These are misleading in that they have been gathered hastily, and, therefore, inaccurate. Most of the establishments listed as non-existent insist on a dental as well as a physical examination of entering employees, but do not maintain a dental dispensary.

A number of listed industrial dental dispensaries were active in munition plants but since the armistice have been discontinued. A list of these institutions follow:—Air Nitrates Corp., Nitro, W. Va., The Dayton Metal Products Co., Dayton, Ohio,

The Dayton-Wright Airplane Co., Dayton, Ohio, and the E. I. DuPont De Nemours & Company, Wilmington, Delaware.

The industrial dental dispensaries have been so recently established that there is an absence of uniformity in their direction which we could well expect. The dentist employed is on part time in many cases, which has not been found for the best results as his interest is elsewhere and he is only waiting for his time to be up so that he can get back to his office and attend to his private practice. The full time dentist, therefore, is indicated. His salary is found to vary in different dispensaries from \$1,200 to \$4,000 a year. The lady assistant or nurse receives a salary varying from \$15 to \$25 per week. The cost of equipment is from \$800 to \$2,500 a unit. The yearly expense according to the nature of the services rendered

In some institutions only examinations and prophylactic work are done and the patients recommended to the regular family dentist for treatment. In other cases, notably the Armstrong Cork Company, Pittsburgh, the service is open to all employees and includes gold fillings, artificial dentures and bridge work. It is said that the expense of maintenance in this case is somewhat over \$6,000 per annum. The per capita expense varies from 80 cents up, according to the services rendered. To an institution employing a dental dispensary and giving real service the per capita expense would be \$3.00 to \$5.00.

In some institutions the company provide the office and the expense of operator and materials is divided between the firm and the welfare or pension association. In several cases,

notably that of the Macy Mutual Aid Association and the Joint Board of Sanitary Control for members of the International Ladies' Garment Workers' Union, the service is supplied entirely by the employees.

Also, in many institutions tooth powder and brush are furnished free and subsequent supplies charged for at cost.

While it is reported that there is hardly an exception as to the good work the dental dispensary is doing and its economic value and the clearing up of many cases of rheumatism and heart trouble among the employees, in one instance, at least, that of the H. J. Heinz Company, its economic value is not considered. It is their practice to furnish manicure service for all employees handling food stuffs. Following these lines, how much more important it is that an employee handling food stuffs should have a clean mouth, free from pyorrhea. The company, therefore, provide dental service to the employees to this end, and if they are unable to afford the expense, the service is free. To them it is a purely business proposition and they are loath to have it accepted in any way as a charity.

¶ We find, therefore, that the industrial dental dispensary today may be classed under several headings. *First*, the industrial dental dispensary furnishing service to children only; *second*, furnishing service to employees; *third*, furnishing service in conjunction with the welfare or mutual aid association; *fourth*, services are paid for in part by the employee; *fifth*, the welfare association pays for all service.

¶ The industrial dental dispensaries furnishing service to the children of

its employees are as follows: **The Amoskeag Company, Manchester, N. H.,** employing some 15,000. This service is rendered free, the chief operator and assistants being paid by the company. They feel that this department is doing good work and it is much appreciated.

The Colorado Fuel & Iron Company with headquarters at Pueblo, Colorado, where they have a model hospital, and various dental dispensaries throughout the states of Colorado and Wyoming, supply service to the school children located in mining camps. They employ some 14,000 people. The services are cleaning, treating, filling and extractions which are rendered free. A small charge is made for tooth brush and powder. Lectures on oral hygiene and tooth brush drills are part of the regular schedule. It has been found that 98 per cent of the children were in need of dental attention. Eight hundred and thirty children were treated during the last year at Pueblo, Colo., the company paying for the children of employees in conjunction with the Public Board of Education. It is expected to extend the dental service in its wide sense throughout the mining camps of the company and eventually to have the same at the steel works.

The Jenkinjones Fuel Company, a division of the Pocahontas Mining Company, maintain six dispensaries, equally divided between the white and colored employees' children. The number of employees is about 2,500. They maintain a tooth brush drill and lectures on oral hygiene. All these dispensaries are located at Maybeury, Jenkinjones and Itman, West Virginia; in each place two

dispensaries, one for each race. The services rendered have been very much appreciated and a full account of same appears in the July issue of *Oral Hygiene*.

The Williams Pocahontas Coal Company, War, McDowell County, W. Va., furnish dental service to children up to fourteen years of age.

The American Cast Iron Pipe Company, Birmingham, Ala., maintain one dispensary and have on their payroll 1,000 men. The service is free to employees and families except a charge is made for gold work covering the cost of materials which is allowed to be paid in installments. The services are rendered on the company's time by full-time operator whose salary is \$300 per month. The lady assistant is paid \$135 per month. Lectures on oral hygiene are maintained and an X-ray machine is part of the equipment. The industrial medical and dental dispensaries are only one of the various activities of the company. A Y. M. C. A., for both colored and white, baseball teams, musical organizations, and churches maintained at the company's expense are part of the welfare work.

The Tennessee Coal, Iron & R. R. Company maintain an extensive organization at Birmingham, Ala., and in neighboring coal centers. They employ both white and colored races and a moderate charge is made to the employees for services rendered.

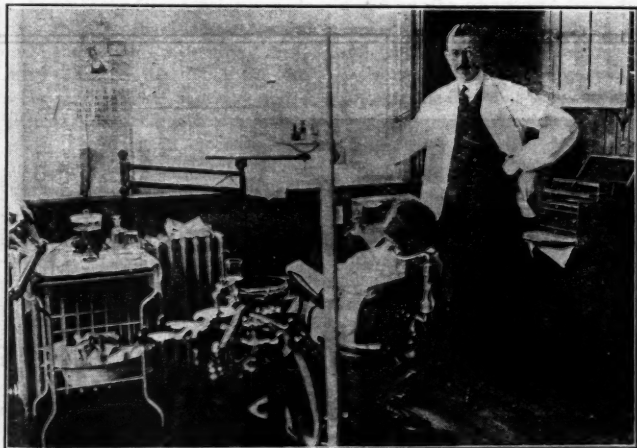
The following letter from the chief operator describes the work of the company:

"Our dispensaries are operated on a unit system, as our various mines and steel plants are situated in different localities. In September, 1915, we established a children's

clinic where all children of employees of this company could obtain dental service absolutely free, regardless of the class of service that was needed. A portable equipment such as is used in the United States Army was used for this work, being taken from place to place. In October, 1917, we established four permanent clinics at Docena, Bayview and Edgewater Coal Mines, and Fairfield Steel Plant. In April, 1918, we established clinics at Ishkooda, Wenonah, and Muscoda Ore Mines, and in October, 1918, we established a clinic at Johns Coal Mines. In November, 1918, we established a clinic at the Ebsley Steel Plant, with two equipments. These clinics were operated very successfully, being furnished with the latest modern equipment, therefore it would be rather expensive to maintain separate operating rooms for white and colored patients.

We established three days a week to work for the white patients, and three days a week for colored. However, we have separate waiting rooms. We do all classes of work, charging for the cost of materials." In the case of The Bailey Company, Cleveland, Ohio, employing 1,200 people, the salary of the dentist is paid in part by the company and in part by the Employees' Insurance Fund. Relief from pain is rendered free, other services are charged for but the recipient is allowed to pay for same in installments.

The Cincinnati Milling Machine Company of Cincinnati, Ohio, furnish the equipment and the dentist is employed by the Mutual Benefit Association. ¶ The Kimberly-Clark company of Neenah, Wis., maintaining dental dispensaries at several points, the company and the Benefit Association each pay half the expense for services rendered.



*The Hood Rubber Company, E. Watertown, Mass.
Industrial Dental Dispensary*

THE DENTIST

is always at your service.
The coming nights are too warm
to have toothache.

KEEP YOUR TEETH IN GOOD CONDITION

Increasing appointments tell the
story of the popularity of the Den-
tal Dispensary.

COOPERATIVE SERVICE

Textile Machine Works Berkshire Knitting Mills
Narrow Fabric Company
WYOMISSING, PENNSYLVANIA

A novel scheme of the Berkshire Knitting Mills for using the pay envelope to illustrate the health activities of the firm.



View in Dental Dispensary

No one seems to love a Dentist.

Yet the Dentist is one of our best friends.

Good Teeth Means Good Health!

The Cooperative Service provides the best of Dental Service and Equipment at cost to employees. 1849 Calls, 336 Examinations and 429 Treatments were made at the Dental Dispensary last year.

Don't Neglect Your Teeth!

Ask your Foreman to make an appointment for you. Don't wait.

COOPERATIVE SERVICE

Textile Machine Works Berkshire Knitting Mills
Narrow Fabric Company
Wyomissing, Pennsylvania

The Macy Mutual Aid Association, New York City, maintains a dental dispensary for which the funds are furnished by the Mutual Aid Association. Services are rendered all employees and members of the Association.

A cooperative self-paying clinic established by the workers for themselves is that of the Joint Board of Sanitary Control for members of the International Ladies' Garment Workers' Union, New York City. The establishment of this dental dispensary was in recognition of the fact that the employees could not obtain satisfactory service at a moderate price from private practitioners. It costs the members of the International Union \$100 a month for housing the clinic and the dentist is paid \$50 a week for his services. In the beginning a moderate charge was made for operative, plate, and bridge work, but an ever-increasing deficit made it necessary to increase the fees. A point is made with those in charge that they are not competing with the cheap advertising dentist. That the services rendered are superior, and a proportionate charge made for the same. The financial report for the first year shows 1,398 patients were treated from whom was received \$8,980.76. The expenses, including equipment, were \$12,271.75. This leaves a deficit of \$3,290.99. Not counting the cost of equipment, the first year shows that the clinic paid for itself.

The Larkin Soap Company, Buffalo, N. Y., maintain a dental dispensary for the benefit of their office employees. The equipment, etc., is supplied by the company. The dentist furnishes all materials and charges for his time at \$2.00 per

hour. The employees are asked to pay this amount and if unable to meet charges the company does so and takes out the same in weekly installments.

At the dispensary of Armour & Company, Chicago, Ill., employing about 10,000, service is free in needy cases, others may pay in installments.

At the dental dispensary of the Eastern Manufacturing Company at South Brewer, Maine, employees pay for services at minimum cost.

¶ The Erie Forge Company, Erie, Pa., charge employees for service in part. Payment may be made by installments and work is done on the company's time in emergency cases.

The Berkshire Knitting Mills, Reading, Pennsylvania, with 2,700 employees, maintain a dental dispensary in which complete dental service is rendered and charged for at actual cost. The services are rendered on the company's time and the company expect to make arrangements at an early date for an extra dentist, as the employees appreciate the fact that they can have dental work done on the company's time, thus eliminating long waits, and, furthermore, they are assured first-class service at a price which is net cost. While no lectures on oral hygiene are given, they have a novel scheme of using the pay envelopes to illustrate the health activities of the firm. Every time a man receives his pay, he gets a lesson on some health subject.

The B. F. Goodrich Company, Akron, Ohio, render service free for relief from pain; all permanent work and gas extractions are paid for by the employees. Payment may be made by installments and the

work is done on the company's time when necessary.

Hart, Schaffner & Marx, Chicago, Ill., have about 6,000 in their employ. A nominal rate is charged for time in chair. Company stand expenses of needy cases.

Hood Rubber Company, East Watertown, Mass., employing about 8,000, payment for service is to cover cost of materials.

International Harvester Company, Chicago, Ill., maintain two dental dispensaries, at the Deering and McCormick plants. Employees pay for services rendered.

Kabo Corset Company, Chicago, Ill., the employees pay in part for services. Payment may be made by installments.

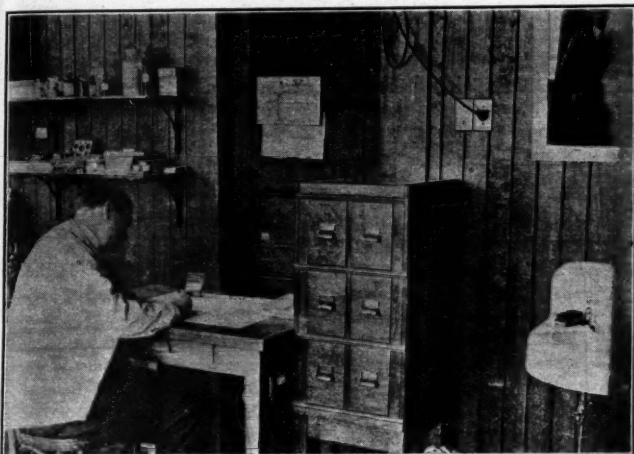
The Kaynee Company, Cleveland, Ohio, employees pay for services at cost. Rates charged are not those

prevailing locally, the difference in cost being assumed by the company.

Lord & Taylor, New York City, maintain a dental dispensary where free service for oral prophylaxis is given. Nominal rates are charged for other work at a sliding scale according to salary. Payments may be made in installments. The dentist in this case furnishes supplies and the company provide the heat, light, electricity and equipment. The Metropolitan Life Insurance Company, New York City, maintain a dental dispensary for office employees, of which there are 2,600. It is fitted with the latest type of apparatus and includes five chairs; a superintending dentist, five assistants, a radiologist and seven lady assistants, employed on full time. The dispensary was established July 1, 1915, and has proved one of



Industrial Dental Dispensary of The Hood Rubber Company



Keeping records and card index system—The Hood Rubber Company

the most valuable assets of the medical department. A charge is made for services at as low a price as is consistent with careful work. A complete recording system is one of the features which enables the company to determine results. It is claimed that during the year 1917, fifty-two deaths were traceable to infections of the teeth and gums occurring among its industrial policy holders, causing death through the complications which set in. Blood poisoning, inflammation of the membrane of the brain, inflammation of the ear, the decay of the bones of the jaw and head, inflammation of the lining of the heart, derangement of the digestive system, and articular troubles may result from so-called "blind abscesses," ulcerations, and pyorrhea or Riggs' disease. The average cost for each patient, during the year past, was \$2.33.

Montgomery, Ward & Company, Chicago, Ill., maintain a dental dispensary with a number of assistants. The employees pay for services at cost, which may be made by installments. Five dentists are employed and new applicants are given two months in which to have their teeth put in order. The work is done on the company's time and a specified amount is taken out of the pay envelope each week until it is paid.

Sears, Roebuck & Company, Chicago, Ill., maintain a dental dispensary for the benefit of employees. In some cases the services are furnished free after their need is investigated. Services are not furnished on the company's time and payment may be made by installments.

Lee S. Smith & Son Mfg. Company, Pittsburgh, Pa., employ a part-

time dentist to care for the teeth of their employees. No charge is made for this service.

The Washburn-Crosby Company, Minneapolis, Minn., employees pay about thirty per cent of regular prices. Payment may be made by installments. Dentist receives pay from the employees.

The S.S. White Dental Manufacturing Company, Philadelphia, Pa., maintain a dental dispensary at their Staten Island factory. Employees pay cost of gold work. All other services free. Payments may be made by installments.

National Lamp Works of General Electric Company, employing over 10,000 furnish free service to their

employees. Thirteen dispensaries are in successful operation at different plants and an addition of five more is contemplated at an early date. These services rendered are prophylactic, emergency, chart and advice. In no other work in which the company is engaged is greater satisfaction felt, nor more immediate returns shown than in the dental clinics. The rapid extension in the number is evidence that this company, at least, finds them most profitable.

The following is a complete list of all active industrial dental dispensaries, up to date of presenting this paper and is the result of an extensive correspondence.

INDUSTRIAL DENTAL DISPENSARIES

Dental service to—

- A—Children
- B—Adults
- C—Both children and adults

Dental service free, etc.—

- 1—Free
- 2—Partial payment
- Clinic maintained by Welfare or Mutual Benefit Association.
- 4—Prophylaxis and Examination
- *Portable outfits

NAME	LOCATION	No. M't'd	CHIEF OPERATOR	Estab- lished
C-2 American Cast Iron Pipe Co.	Birmingham, Ala.	1	C. B. Bray	1915
A-1 Amoskeag Mfg. Co.	Manchester, N. H.	1	Frank J. LeClerc	1912
B-2-4 Armour & Co.	Chicago, Ill.	1	Louis Cardwell	1918
B-1 Armstrong Cork Co.	Pittsburgh, Pa.	1	C. F. Liedenroth	1911
B-1-4 Babson Statistical Organization	Wellesley Hills Mass.	1	Wright Boston	
B-2 The Bailey Company	Cleveland, Ohio	1	S. Hollander	1915
B-1 Bausch & Lomb Optical Co.	Rochester, N. Y.	1	Flora E. Nagel	1914
B-2 Berkshire Knitting Mills	Reading, Pa.	1	Otto J. Specker	1917
C-4 California Associated Raisin Company	Fresno, Calif.	1	H. L. Brownell	1918
B- The L. D. Caulk Co.	Milford, Del.	1	D. A. Zurbrigg	1919
B-1-4 Cincinnati Milling Mach. Co.	Cincinnati, Ohio	1	A. D. Hewetson	1916
B-1 Colgate & Company	New York City	1	Thaddeus P. Hyatt	1916
*A-1 Colorado Fuel & Iron Co.	Pueblo, Colo.		W. A. Brierley	
B-2 Eastern Mfg. Co.	South Brewer, Me.	1	Carl Maxfield	1919

NAME	LOCATION	No. M't'd	CHIEF OPERATOR	Estab- lished
B-4 T. Eaton Co., Ltd.	Toronto, Can.	1	Ernest Harrington	1918
B-1 The Emporium	San Francisco, Cal.	1		
B-2 Erie Forge Co.	Erie, Pa.	1	E. R. Coughlin	1918
B- Firestone Tire & Rubber Co.	Akron, Ohio	1	A. C. Heibert	1915
B-4 Ford Motor Co.	Detroit, Mich.	1	A. E. Dudley	1917
B-2 B.F. Goodrich Co.	Akron, Ohio	1	C. E. Smith	1915
B-2 Hart, Schaffner & Marx	Chicago, Ill.	1	F. M. Butler	1916
B-1 H. J. Heinz Co.	Pittsburgh, Pa.	1	G. M. Long	
B-1-4 D. H. Holmes Co.	New Orleans, La.	1	W. B. Smith	1914
B-2 Hood Rubber Co.	East Watertown Mass.	1	Collins W. Swards	1913
B-2 The International Harvester Co.	Chicago, Ill.	2	Robert Rich	1914
C-2 Pocahontas Fuel Co.	Maybeury, W. Va.	6	R. I. Humphrey	1916
	Jenkinjones, W. Va.		W. H. Parker	1918
	Itman, W. Va.		G. T. Epling	
	Bosevaine, Va.			
C-3 Joint Board of Sanitary Control for members of the International Ladies' Garment Workers' Union	New York City	1	H. C. Slatoff	1917
B-2 The Jones Store	Kansas City, Mo.	1	Grant Hatfield	1917
B-1-4 The Joseph & Feiss Co. (The Cloth Craft Shops.)	Cleveland, Ohio	1	E. W. Womocka	1914
B-2 Kabo Corset Co.	Chicago, Ill.	1	F. G. Huscher	1917
B-2 The Kaynee Co.	Cleveland, Ohio	1	R. J. Cook	1916
*B-2 Kimberly-Clark Co.	Appleton, Wis.	3	R. H. Purdy	1916
	Neenah, Wis.			
	Niagara, Wis.			
B-2 Larkin Co.	Buffalo, N. Y.	1	R. L. Hussong	1914
B-1-4 R. K. LeBlond Mach. Tool Co.	Cincinnati, Ohio	1	J. P. Becker	1918
B-2 Lord & Taylor	New York City	1	Geo. Anderson	1914
B-2 Macy Mutual Aid Association	New York City	1	C. Story	1915
B-1 Metropolitan Life Ins. Co.	New York City	1	Thaddeus P. Hyatt	1915
B-1 Metropolitan Life Ins. Co. Sanatorium	Mount McGregor, N. Y.	1	L. H. Foote	
B-2 Montgomery, Ward & Co.	Chicago, Ill.	1	Earl H. Thomas	
B- Morris & Co.	Chicago, Ill.	1	D. M. Elroy	1912
B-1 National Cash Regis- ter Co.	Dayton, Ohio	1	H. M. Brewer	1918
B- National India Rubber Co.	Bristol, R. I.	1	M. J. O'Brien	1919
B-1 National Lamp Works	Cleveland, Ohio	13	Ralph W. Elliot	1917
	Youngstown, Ohio			
	Akron, Ohio			
	St. Louis, Mo.			
B- New York Tel. Co.	New York City	1		1919
B-1-4 Northwestern Knitting Co.	Minneapolis, Minn.	1	P. J. Miesen	1919
B-2-4 Sears, Roebuck & Co.	Chicago, Ill.	1	F. C. Nonnamacker	1914
B-1 Lee S. Smith & Son Mfg. Co.	Pittsburgh, Pa.	1	C. B. James	1918
*C-2 Tennessee Coal, Iron & R. R. Co	Birmingham, Ala.	8	C. D. Chiles	
	Adamsville, Ala.			
	Bessemer, Ala.			
	Ensley, Ala.			
	Fairfield, Ala.			
	Johns, Ala.			
B-2 John Wanamaker	New York City	1	H. J. Hellman	1912
B-1 John Wanamaker	Philadelphia, Pa.	1	Lewis Cave	1912
			James R. Cameron	
B-2 Washburn-Crosby Co.	Minneapolis, Minn.	1	Ryan	1917
B-2 S. S. White Dental Mfg. Co.	Philadelphia, Pa.	1	Elmer E. Odell	1917
A-1 Williams Pocahontas Coal Co.	War, W. Va.	2	G. T. Epling	1919

The industrial dental dispensary has a great future. When we consider that there are thousands of industrial plants in which the dental and medical dispensary is a possibility, its importance is not to be overestimated. It is a part of preventive medicine. Nearly five million men have formed a part of our Army and have seen the benefits to be derived from preventive medicine. It is only natural that they will demand such treatment when they are engaged in industrial work.

With the training of many physicians and dentists in the medical corps of the United States Army, giving them special training in this line of work, the cessation of hostilities leaves them unemployed. A great opportunity for industries to secure trained sanitarians for their work is thus presented.

In the case of the younger generation who come from all sorts and conditions of homes and are put to work when they should be in school, it is to their credit that they wish to look nice and well-dressed. They have given little or no thought to their teeth—that this is of more importance to their appearance than gay hair ribbons—but they soon learn and the lessons are carried home to the families, and the children of these workers will reap the benefits.

We must have health among our employees. Without it production cannot be kept up. When an employer aims to keep his workmen healthy, it shows sound business judgment as well as decent human interest. It is reported in one plant maintaining a dental dispensary,

the time saved from January 1, 1918, to August 1, 1918, by men who had work done at the dispensary, was 25,300 hours. It took a minimum of four hours to visit an outside dentist. The minimum wage in the plant was one dollar per hour. If it saved the men \$25,300, how much did it save the firm? In industry a physical examination is a safety first move of the company, for the men of the plant, and for the applicant. The spirit engendered is spread to the home and through the surrounding community and the plant becomes a definite social asset.

We have in New York State alone 60,000 industrial establishments. Not all of these are large enough to maintain a medical and dental dispensary but it shows the possibilities of the future. Also it solves the problem of extending dental service to the adult. We look forward to the establishment of the industrial dental dispensary as a great health asset and in number they will rival the school dental dispensaries. They are to be an immediate asset to the health of any community. With an increase of such knowledge and the value of good dentistry in preventive medicine will come a demand for such service in which all will be benefited, the employer, the employee, the dentist and the dental trade.

In conclusion, we are in the age of preventive medicine of which dentistry is an important part. We have just scratched the surface, and industrial and medical dispensaries have proved their worth and the rapid extension of such service is indicated.


Copies of this paper intended for educational purposes may be obtained from the editor.

FREE DENTAL CLINICS IN NORTH CAROLINA FOR RURAL SCHOOLS

G. M. COOPER, M. D., Director

Bureau of Medical Inspection of Schools, North Carolina
State Board of Health, Raleigh, N. C.

The author is very much interested in the subject of dental dispensaries in the rural districts. His account of what he has accomplished in North Carolina is an inspiration. The schools of our rural districts, as shown by the recent army draft, need dental dispensaries as much as those of our cities and any movement to relieve this situation is to be welcomed. If the children in the rural districts of North Carolina can be attended to, why not those of other states as well?

N response to a request from the editor of *Oral Hygiene* for an article dealing with the above-mentioned subject, I am here-
with setting forth briefly some of the experiences and results from the first organized efforts along this line in North Carolina. So far as all available records indicate, I think this is the first effort along this line ever undertaken on an extensive scale at strictly public expense for all classes of school children in the rural sections of the United States. In other words, we have tried to institute a *real* traveling dental service for rural school children out in the country on a systematic scale; notwithstanding, in the March issue of *Oral Hygiene* it is claimed that "Vermont is the first state in the Union to employ a traveling dental clinic for rural district schools." There is this essential difference (and to the lover of American institutions it is a basic difference) the Vermont work has been maintained wholly by private donations, while the North Carolina work has been at the expense of public money almost altogether.

But all that is irrelevant, except in that a work of this nature, when done at the expense of the tax-payers and when it is understood that it is regarded as exactly the same as the public school itself, and therefore accepting the treatment of all classes removes any possible stigma of charity. It is a business proposition which we have put squarely up to the tax-payers and as an evidence of the way they regard the whole proposition, we may merely mention the fact, that as a result of our first year's efforts the General Assembly of North Carolina, at its meeting last winter, increased its appropriation for the medical inspection of school children five times more than it had ever given before. This work for the dental treatment of school children is merely an integral part of the follow-up work of medical inspection.

Medical inspection of schools and school children as it has been practised in the United States almost altogether in the past has consisted of an examination made by a doctor or a nurse, and when a child has been found suffering from one or more of the common defects, as decayed teeth, diseased tonsils,

adenoids, etc., then a card has merely been sent advising the parents of the child's condition and urging that the child be treated. A small per cent of the parents have always taken the advice, and it has done much good; a much greater per cent have accepted the advice with indifference, and a still greater per cent have been too poor, or too far away from dentists and specialists, to heed the advice no matter how badly they wished to comply. To remedy this condition

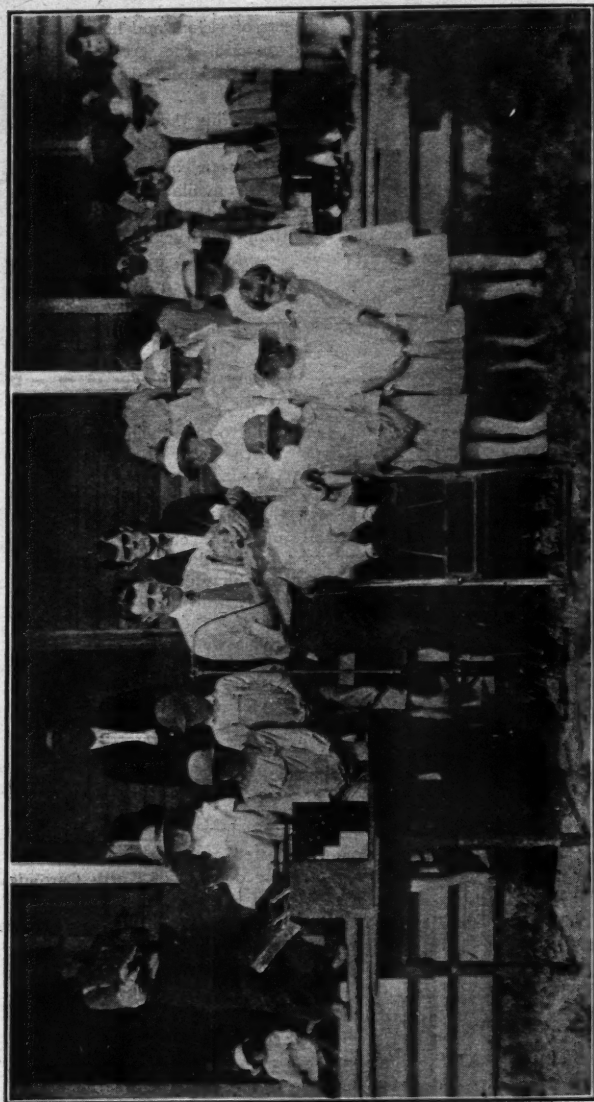
defects of vision, and hearing, etc., and second, the great army of children with decayed teeth.

After thinking the matter over and gathering all definite information from the four corners of the world which was available, the conclusion was reached that the only way to do anything worth while was to secure the services of a few high-class young dentists, equip each of them with a portable outfit, and place them here and there in the state at

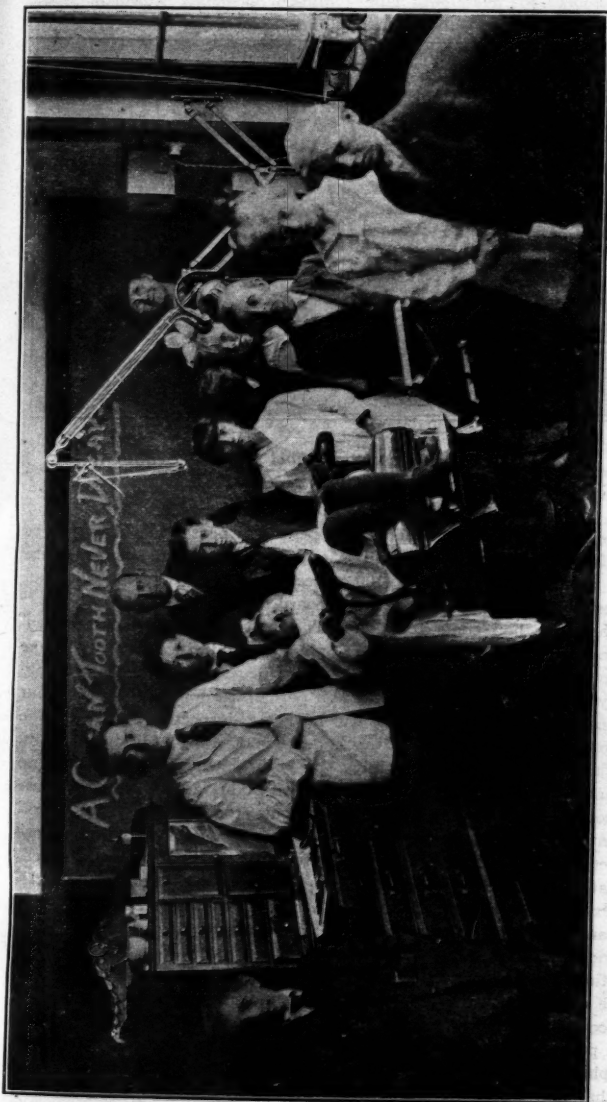
¶ "A majority of men who are really able to take their children to dentists regularly for dental treatment never do it, and it requires the hardest sort of urging to get this same type of people to take their children to the free clinics and get the advantage of absolutely free treatment. Men who would walk a mile to pick up a nickel in the road will suffer a free clinic to be held within a hundred yards of their door, and unless some public worker urges them to take advantage of thirty dollars' worth of free work for their children's teeth (and it will be worth that many thousands to the children later in life), they passively fail to take advantage of the opportunity. This we find to be the prime need for educational work. Our idea is to get the little fellows of six years old into the dental chair, and therefore make a dental patient for some dentist at regular intervals as long as he lives."

the director of this bureau of the North Carolina State Board of Health has for several years considered it a ridiculous proposition to spend money and time examining and card indexing children as to defects and at the same time making no special effort to remedy such defects. To remedy this procedure the work had to be divided into two general divisions: First, the common defects other than related to the teeth, such as diseased throats,

points where the public is most interested, and try the plan out. The leading dentists of North Carolina favored the plan, and, through the State Dental Society, gave us their moral support. Consequently six young dentists were selected; work was begun in one county of the state on July 10, 1918, and in the other five counties on July 15, 1918. To get the cart slightly before the horse, the result was, before the end of December, 227 dispensaries had



Free Dental Clinic for rural school children in active operation in Lenoir County, N.C., July, 1918.



Permanent Dental Clinic for city and rural school children opened at Winston-Salem, N. C., February, 1919. Nine hundred and forty-two children were treated in three months; dentist employed by N. C. State Board of Health. The group of children shown came twelve miles for the work.



Free Dental Clinic in country school house and children awaiting their turn, N. C., 1918.

been held and nearly 7,000 children given free treatment, in nine different counties; more than 100 lectures on oral hygiene were given, and the work had come to stay.

¶ Since February first of this year we have three dentists constantly employed. Contracts are now ready with six more dentists, one of whom will go to work on the fifteenth of June, and the other five on July first and August first, each dentist in a separate county. The work in a county will continue from six to thirteen weeks, according to the population of the county. We hope and expect to get at least fifteen thousand children treated before the end of the year. Four cities of the state have cooperated with us to the extent of putting in permanent equipment of the best material for a permanent dispensary. These four places have been open for three months, and beginning July first one of the state's largest cities will

open a dispensary, which will be open the year round, six days in the week, and will cooperate with our board.

The treatment we do is largely prophylactic and educational. We make it plain everywhere that it is simply a part of the follow-up work of our medical inspection system. The dentists do no frontal, or porcelain, or gold work, and, of course, no crown or bridge work, or the more difficult root-canal or pulp-work. Cement and gutta percha fillings are used in the temporary teeth, which, by the way, are given just as much attention as the permanent teeth. Silver nitrate treatments are used when necessary. Extraction is done in all cases where demanded, but the most important part of the work consists in placing thousands of amalgam fillings in the six-year molars where at all possible to save them. The age limit is restricted to school children from six to twelve

years inclusive. Under no circumstances do we vary from this requirement. Children of all classes, races, social or financial condition are treated exactly alike.

Each dentist is required to provide his own automobile transportation. We recommend an ordinary Ford touring car, in which he can place his student's dental case, foot engine, McConnell folding chair, a small oil heater, a small sterilizer, and the necessary operating instruments and material. When arriving at the school house or other place selected for the day's work, the dentist can set up his outfit and is ready for work in exactly fifteen minutes. When schools are in session, the school house is always the place where the outfit is set up, the teachers of the lower grades sending in the children as fast as the dentist can treat them. When the school is finished, the dentist packs up and moves on to another school. During the three or four months in the sum-

mer time when the schools are not in session, the method followed is to select a convenient country store or school house in a neighborhood center, and by writing the parents of the children whose cards show the children of the proper age having defective teeth, the parent is urged to bring the child to the clinic at a certain hour on a certain day. Under no circumstances are children treated who have not first had the proper inspection and a record made of their condition. The official attitude of the North Carolina State Board of Health is that free dental service to the public school children is just as necessary and as essential to the proper development of the children as is the teaching of arithmetic or spelling, and on this rock we build our house. It is needless to say that the offices of every private dentist in the localities where we have worked have been overrun with patients during the time we held the clinics, and for several weeks after-



Group of children in Cumberland County, N. C., after having their teeth treated by a dentist from the State Board of Health.

ward. We have found that anywhere from 75 per cent to 90 per cent of all school children between six and twelve years of age are in urgent need of dental treatment of one class or another.

The whole work is primarily educational. It is a well-known fact that people will let their children's teeth decay to a point beyond saving and take them to a country doctor to extract or break off, or, at best, to a dentist to extract after it is too late to save, when the tooth begins to hurt, and not before. We find the hardest part in the whole work is to get a majority of the parents to see the importance of having their children's teeth treated and to appreciate the urgent need for taking care of the children's teeth. A majority of men who are really able to take their children to dentists regularly for dental treatment never do it, and it requires the hardest sort of urging to get this same type of people to take their children to

the free clinics and get the advantage of absolutely free treatment. Men who would walk a mile to pick up a nickel in the road will suffer a free clinic to be held within a hundred yards of their door, and unless some public worker urges them to take advantage of twenty or thirty dollars' worth of free work for their children's teeth (and it will be worth that many thousands to the children later in life), they passively fail to take advantage of the opportunity. This we find to be the prime need for educational work. Our idea is to get the little fellows of six years old into the dental chair, and therefore make a dental patient for some dentist at regular intervals as long as he lives. The work is in its infancy in North Carolina, of course, but we feel that the practice is absolutely correct and that it will grow and expand as the years go by and be of inestimable value to all classes of people in the coming generation. ■ ■



Free Dental Dispensary, Northampton County, N. C., exclusively for school children, July, 1918.

"WHAT IS THE MATTER WITH DENTISTRY?"

(A discussion)

GEORGE B. HYNSON, Philadelphia, Pa.

Mr. Hynson's discussion of Dr. Deaver's viewpoint is interesting. The public, in general, is woefully lacking in information regarding the oral cavity, and the results of neglect; there is due a gradual awakening, and the manufacturers are doing much to help along the good work by establishing dental clinics, in cooperation with medical departments in their plants, and by personal talks and lectures on oral cleanliness. Knowledge is also being diffused in the homes in many localities through the children who profit by the lectures given in the schools on oral hygiene.

"As a man thinketh, so is he." Our services to others are apt to be gauged by the value we ourselves set upon them.



IN the March number of your journal I asked the question "What is the matter with dentistry?"

I was innocent of any sinister motive, feeling that there is something the matter with all human institutions and that perhaps somebody, in a lucid moment, might sit down and discuss a few of the conditions and suggest lines for betterment.

But the sole response is from Dr. H. M. Deaver, who says flatly that "There is nothing the matter with dentistry." The doctor tells us, however, that he has worked many an hour for less than fifty cents and that he doesn't believe he averages over seventy-five cents an hour.

Of course we may read this and declare that Dr. Deaver convicts himself, holding that there is surely something wrong with a profession whose practice brings a skilled man a return of but fifty or seventy-five cents per hour; but Dr. Deaver may be right. There may be nothing the matter with dentistry, but there is something wrong somewhere. Where is it?

Dr. Deaver says that the fault is

with the public, and that, if there is any censure to be given, the dear people should be made to bear it. Possibly he is correct in his diagnosis. Evidently Dr. Deaver's public is impressed with the fact that his services are worth only fifty cents per hour—or they will allow him seventy-five in cases requiring extreme skill. For certainly if the public thought his services were worth more, and he agreed with them, he could command living fees. Doesn't his public need a missionary? Possibly he has left all the educational work to his advertising competitor.

Now you see how broad our subject has grown, and how much light this treatment sheds upon the question of how the great profession is going to extend its service until the masses receive its full benefits. But that question has to wait until we inquire into the particulars of Dr. Deaver's practice and decide whether he is ever going to get more than fifty cents an hour.

So we must not ask "What is the matter with dentistry?" since that question has been disposed of. And we shall not ask "What is the matter with Dr. Deaver?" That

would be discourteous. But there are a lot of people and they are not likely to take our remarks as personally offensive, so we may follow Dr. Deaver and place the blame on them ~~as~~.

In the first place, the public is ignorant of the science and art of dentistry. The masses have neglected their opportunities for dental education. Not one man in ten can tell the difference between orthodontia and exodontia. This ignorance is exemplified every day when patients ask to have teeth pulled instead of requesting extractions, or demand a plate or a set of teeth instead of dentures. They want teeth filled and do not mention restorations.

The public is ignorant, too, of the importance of dentistry from the standpoint of health. How many persons, when not feeling up to par, resort to all sorts of patent medicine dope, without a suspicion that the cause may lie in some diseased condition of the oral cavity. Yet with their health, and even their lives, at stake, the people hardly ever open a dental text book or glance through the pages of a dental journal. What are we going to do about it?

Of course, there is one remedy which Dr. Deaver is quick to employ. We can rail at the advertising dentist and thus relieve ourselves. You see the ethical element of the profession has no concern with educating the public, while the advertising man does impart a crude sort of information. If we "cuss" out the advertiser sufficiently, then the dear public will be driven into ethical offices, like that of Dr. Deaver, and will be soaked as much as fifty cents an hour. It costs real money to command skillful service.

But no critic calls our attention to

another ethical feature of practice. Not only does he work at times for less than fifty cents per hour, but he scorns even to consider the cost of materials in making up his fees. A little figuring will indicate that when he is employing precious metals in his restorations, for which he is obliged to pay, the cost of these may very easily overbalance his fees, and thus his apparent remuneration may prove deceptive. He may even be practising dentistry at a loss. And if he has office rent to pay, and a family to provide for, may we not respectfully suggest that such practice is unethical? How can other dentists compete with him?

And this leads to another branch of the discussion: Is a dentist ethical in proportion as he ignores all business considerations? And what do we understand by ethics? In the profane world, the word has a well-defined meaning. Broadly speaking, it contemplates the application of the Golden Rule. But oftentimes we are impressed with the belief that professional ethics mean simply that men shall not advertise. When that injunction is observed, then you are entitled to sit with the elect.

¶ The argument runs this way: All business is sordid and mean. But as there are some details involving trade, one should be married and thus have somebody to look after the rent, pay the coal bills, and run the heater. But any woman who can do this successfully when her husband works for fifty cents an hour, with materials thrown in, is a jewel beyond price.

Dr. Deaver concludes his article by saying that dentistry can be gotten "out of the rut by simply telling the truth to all the people." But we were told in the beginning of his

article that "nothing is the matter with dentistry." If nothing is the matter, why pull it out of the rut? And if the truth is to be told the people, what is the truth?

Is it true that all advertising men are crooks and grafters? Isn't that an over-statement? Isn't it strange that the general public, who know how to buy without being cheated, should be deceived in such large numbers and come to like the exper-

tistry, and that is a lack of vision. These men never think of dentistry at all; they are concerned only with the details of their individual practice. The business men, whom they scorn, set them good examples. The lumber dealers get together and plan publicity campaigns to popularize their product. The growers of citrous fruits plan an educational campaign to extend the use of their output. The medical profession has come

¶ Do you know why legislatures and courts are reluctant to put obstacles in the way of the advertising dentist? I do. It is because the public realizes that there should be more dentistry; not less. And even though it may not always be ideal, the public officials are loath to run an advertising man out when there is no ethical man to take his place and assume a practice with a great volume of poor patients with meagre fees.

ience of being repeatedly skinned? Are we to believe that any considerable number of dentists who served the army overseas are quacks? Hasn't Dr. Deaver's fifty-cents-an-hour experience interfered with his outlook? Are his observations in the broadest sense ethical? Is his article constructive?

Doubtless your readers will wonder why I am consuming so much space in considering such details. I answer, because Dr. Deaver represents a type that gives us an idea of one thing that is the matter with den-

to recognize its responsibility for sanitation and other matters vitally concerning public health.

In fact, every good citizen realizes that he has a duty first to himself, and after that to the public. And how can a man discharge his duty to the public in a better way than by disseminating information regarding his own specialty?

If the business man is ignorant of dentistry, so is the dentist ignorant of business. Each must to a degree educate the other; and the only thing that we have to fear is that the

education may be partial, and may squint in one direction or the other.

¶ If a criticism may be made of the attitude of the profession, I should say that it is too self-conscious. Dentists are eager for opportunities to educate each other. This is certainly praiseworthy, but it might not hurt if a little of this science, in dilute form, were allowed to trickle through the public.

I know the objection that will be raised at once. This would mean a form of advertising rather skilfully concealed. But on the same ground, the preacher should guard himself lest by his eloquence he become popular and thus fill his church.

Reading between the lines of Dr. Deaver's article, I gather that he resents any discussion of this theme on my part, since I am only a layman. But this again shows a narrowness of vision which, if held by the profession generally, would preclude progress. Every time a dentist stands up and reads a paper showing how many diseases have their origin in neglected teeth, I am interested. It becomes a matter of concern to the citizen, and he wants to know where the remedy lies.

Then, when prominent dentists have established in our minds that literally millions of men and women are suffering in health, and that we are wasting millions of dollars in public education because children with ulcerated teeth cannot get the maximum out of their school work, the man who insinuates that it is none of my business indicates a rather narrow brand of ethics.

And when he says that the fault is with the public, then I answer that the church, holding the same view, would say that it had presented a scheme of salvation and if the public

didn't care to embrace it, it could go to the devil.

I am not so much interested in discussing remedies as I am in asking that the condition which exists be recognized. When dentists tell us that the profession is doing only about a tenth of the work that the public health requires, are they telling the truth? If they are not exaggerating greatly, then the public has a right to say to the dental profession: "Gentlemen, what do you propose?"

If they propose nothing, then the public will gradually seek to apply remedies, and do it in its own way.

¶ Do you know why legislatures and courts are reluctant to put obstacles in the way of the advertising dentist? I do. It is because the public realizes that there should be more dentistry, not less. And even though it may not always be ideal, the public officials are loath to run an advertising man out when there is no ethical man to take his place and assume a practice with a great volume of poor patients with meagre fees.

Any broad grasp of the situation convinces us that the remedy does not lie here; it must be more comprehensive. It must get beyond the thought that the public exists for the benefit of the dental profession and come to recognize that dentistry exists because of human needs. It will receive recognition and compensation as it measures up to its opportunities.

Is there anything the matter with dentistry? Yes; there is something the matter with me, with you, with every human institution. It is only by right diagnosis preceding treatment that the patient can hope to cheat the undertaker.

TAILS AND PEARLS

CHARLOTTE GREENHOOD, Boston, Mass.

*Way off Yonder—Not very far off
A Pollywog jumped up—
And His tail fell off.*

*Way off Yonder—Not very far off
Jimmy forgot his Brush
And his Teeth fell off.*



WONDER if you know how this little Pollywog lost his tail and how Jimmy lost his teeth,—well let me tell you how.

¶ When this little Pollywog was born, Mama Frog named him Woggie and she was very proud of Woggie because he had the most beautiful tail of all the Pollywogs in the neighborhood.

¶ Now Mama Frog tried hard to tell Woggie how to take care of his beautiful body, but all she could say was "Croak, Croak" and Woggie could not understand what she meant, and if he could understand I don't believe he would have listened hard because he was a very bad Pollywog.

When he became old enough to hop about for himself he began to think he was very smart and he loved to sit among all the Pollywogs on a high flat stone, so that he might show his beauty and make them jealous of him. He even thought he knew every place in the whole world and he would not listen to the "Croak, Croak" of his Mama Frog telling him to be careful, lest he should suffer punishment. Well, one bright sunny morning Woggie decided he would make a journey around the world and he hoped some day when he knew all the Frogs in the Kingdom that they might choose him King of Frogland.

¶ Now Woggie was not far along on his journey when he became very tired, and he soon sat down on a

large flat stone to rest. He looked all about him and in a short time he saw all the frogs of Fairy Pond come out croaking their merry songs and telling how mighty their King was.

Foolish Woggie thought—"Now this is my chance. When the King comes along with all his Kingdom of Frogs—I shall show them all that I am the most beautiful and most mighty of all kings. Then they will choose me for their king."

Pretty soon the King came and sat sunning himself on a beautiful Water Lily in the middle of the pond. His people hopped happily all around him croaking their merry songs of praise.

They had not been singing long when Woggie decided he would jump across the wide pond in one big jump and show them all how much more beautiful his tail was than the King's, and how much higher he could jump than all his people. So Woggie croaked one huge croak and he made one great leap into the air. The King and all his people looked and all was still for a moment.

But poor foolish Woggie. No sooner did he jump when oh!—off came his tail and he after it fell with a splash into the middle of the pond!

So this is how a silly little Pollywog lost his tail just because he thought he knew more than all the wise frogs in the kingdom and because he would not mind his Mama Frog.

¶ Now Frogs and Pollywogs are not the only ones that lose import-

ant parts of their bodies just because they are forgetful.

Let me tell you about a little boy I knew once.

This boy was named Jimmie. Now when Jimmie was very, very young his mother taught him to brush his teeth four times a day and to help him to do so she used to say:

1st time

"Brush, Brush, Brush!

Brush your teeth and start the day
In a clean and healthful way."

2nd time

"After breakfast and dinner too—"
and 3rd.

"This keeps them clean and white
for school.

4th time,

Before you say your prayers at night,
Just brush those teeth with all
your might.

Then on your pillow your head may
rest,

And Mother'll be proud,—you've
done your best."

Now Jimmie had beautiful teeth. They were so very white and looked so pretty when he smiled that the people called them "Pearls." This made Jimmie very happy and proud and he used to smile most all of the time so that he might show his teeth and receive much praise.

¶ As Jim grew older he began to think it was not necessary to brush his teeth *four* times a day. And when bedtime came he used to slip away into dreams and forget all about his tooth brush.

It was not long before Jimmie felt that brushing teeth *three* times a day was too much trouble and took away some of his play time, so he would run off to school with the boys after his noon meal never thinking to shine up his little "Pearls." *so so*

Soon vacation time came and Jimmie was *so busy* having good times and playing games with the boys that his tooth brush was forgotten altogether. Poor, poor tooth brush, it became so old and dry that the maid thought it was no good and she threw it away.

The people never asked Jimmie to smile any more because his "Pearls" were all gone and in their place were broken green teeth. These teeth were broken and green because Jimmie's mouth was always filled with sweet foods and candies that were never brushed away and soon little bugs began their work and made big brown holes in his once white teeth.

One night when Jimmie was tucked away in his clean white bed and dreaming of big red juicy apples, he was awakened by a sharp pain. He screamed and pressed his hand tight against his cheek, but the pain would not stop. Soon his mother came in and saw him crying great big tears.

She felt sorry for him and tried to stop the pain but she could do nothing and poor Jimmie had to cry himself to sleep.

Next morning Jimmie climbed out of bed and ran to look in the mirror to see where the horrible pain in his cheek came from.

When he opened his mouth what should he see to his surprise but ugly broken down teeth in place of the pretty pearls he was so proud of once.

And this is how a silly little boy lost his teeth because he was too lazy to mind his mother.

And so little boys and girls, if we want to make people happy by smiling we must care for our little pearls day by day.

THE ARMY DENTIST AS A FACTOR

In "What is the Matter with Dentistry?"

LIEUT. C. H. CARPENTER,

Medical Examining Board, Demobilization Group, 1129 W,
Camp Grant, Illinois.

The author does not agree with Dr. Deaver's remarks in the May issue of "Oral Hygiene" and he does not hesitate to say so and give his reasons thereof. As Mark Twain said, "It is a difference of opinion that makes horse races," and we welcome a discussion of every debatable point.



IN the May issue of *Oral Hygiene*, Dr. H. M. Deaver of Newkirk, Oklahoma, attempted to answer this question, but rather made a failure. We will agree that the blame cannot be put on the public alone nor on the dentists because it is the fault of both.

I will not attempt to answer the question fully but there are certain things in Dr. Deaver's article to which I take exception. I would judge from his article that he was sore at the whole world and thoroughly disgusted with dentistry. If that is the way he feels, he should quit practising and do something that he enjoys, instead of inflicting a disposition of that kind upon the public.

It is no one's fault but the dentist's if he isn't getting more than seventy-five cents an hour for his work. It is the business of the dentist to educate his patients as to the value of mouth hygiene, and charge for it. They will soon learn that his services are worth money and will be willing to pay for them. People don't want half a dozen different systemic diseases and their lives shortened several years on account of some infection in their mouth but how do they know what the result of an

abscess will be if the dentist does not tell them?

Dr. Deaver tells us not to get excited about the uplift the army dentist is going to institute. I will wager that the Doctor has not been in the military service during this war nor has he even inspected an army dental infirmary. He is sore again. Uncle Sam must have fixed up some teeth for some one in his home town and beat him out of his seventy-five cents. He says that he has done considerable work for men home on furlough and asks why they did not have it done in the army?

¶ That question is easily answered. They had not even attempted to have it done. Why? Because they have a fear of an army dentist that has been incited in their mind by just such men as Dr. Deaver. I dare say those same men would have gotten as good or better work by the army dentist and Uncle Sam would have been only too glad to have done it, if given the opportunity.

The Doctor says that some of the quackiest of the quacks are in the army. That is a misstatement. Does he know that only ethical dentists were given commissions in the Army, Navy and Marine Corps? Perhaps that is why he was n't an army dentist.

The United States Government has

done exceedingly well in taking care of the men's teeth. Hundreds of thousands of them are leaving the army with healthy mouths, free from infection, that came in with mouths absolutely putrescent. They are leaving the army knowing the value of good dentistry and knowing more about the proper care of their mouths than they have ever known before. It is true that all do not know those things but it wasn't the fault of the army dentist. Some were not in one place long enough to get their teeth cared for and others never went to the dentist and unfortunately were not called for examination and treatment, being in places where it was impossible for the dental surgeon to be reached. This war has been a big business and when it started we were not prepared at all but the greatest progress has been attained and many lessons learned from it. There never has been a sufficient number of dentists in the army and we have hopes of having enough to properly care for the men's teeth in the future army. At the beginning of this war the dental surgeons labored under a great handicap, but after things were more organized, they were situated so that they could give better service, because of better equipment and materials. From the

war, we have proved that more dentists are required to care for the men's mouths than were previously allowed by legislation, and in the future army, I am sure that you will find the healthiest mouths of any group of people. Uncle Sam is not stingy by any means and wants to take care of his boys in the best possible manner. I have seen some of the most beautiful and most substantial work done in soldiers' mouths that I have seen anywhere, not excepting models. The equipment is always absolutely clean and all instruments are carefully sterilized. Cleanliness such as is seldom seen in the average dental office prevails. ■ ■

So Doctor Deaver, don't try to inflict any of your lovely disposition upon the army for they won't take it. Dentistry would be far better off if men with those ideas in their mind would leave it and do something else, for patients don't want their work done by a dentist who doesn't enjoy doing it. Personality counts a great deal in practice. If the patient has n't confidence in the dentist, there is no use of the two having any dealings. If there is confidence, then the public can easily be educated as to the value of good dentistry and fees that are worth the effort obtained. Just try it and see.



¶ It is proposed to found a society of the Military and Dental Surgeons of the A. E. F. This will meet with the national and state gatherings to its own benefit and renew old acquaintance. Major R. F. Rowdybush of the Red Cross Convalescent Home, Walter Reed Hospital, Washington, D. C., is the instigator in this matter and you will confer a favor by furnishing him with your name, rank, and organization, as well as your home address.

CLEAN TEETH NEVER DECAY

M. EVANGELINE JORDAN, D. D. S., Los Angeles, Cal.

This is another talk to Mothers that could be used as a leaflet in local campaigns for oral hygiene.

DO you know that about ninety-five in every hundred children have trouble with their teeth? You can prevent a tooth from having a hole but after the hole is once there the tooth can never be so strong again. No filling is as perfect as a whole tooth.

Decayed teeth are partly the cause of most diseases of the body. The disease germs can grow very rapidly in a hole in a tooth and from there spread to the rest of the body.

¶ When the teeth are sore the food cannot be properly chewed and so trouble with the stomach begins.

¶ If one chews crusts and hard foods it helps to keep the teeth clean and the gums healthy.

A school teacher who sees what poor work children with bad teeth do, says; "Every permanent tooth saved is better for a child than a hundred dollars in the savings bank."

¶ The poorest people in the land can give perfect teeth to each of their children if they will only take the trouble. They must begin to watch the teeth as soon as the first ones come into the mouth and continue watching until the child is fifteen years old. Three things must be thought of—

First—their food.

Second—care of the mouth.

Third—children's diseases.

First, children that are nursed have a better chance for good teeth than

bottle-fed babies. The milk from a healthy mother makes a healthy baby. Bottle-food may make a sickly baby. If the food sours in the mouth, as most bottle-foods do, the first teeth turn black and begin to have holes soon after they are in the mouth. A very short time after the hole begins, the nerve dies and a gum boil forms on the gum. These decayed teeth are very bad for the health. They poison the blood and if the child is exposed to a disease it can hardly help taking it, because it is not strong enough to fight it.

As soon as a child has teeth, its food must be coarse and hard. Soft food and food that sticks to the teeth, such as mushes, white bread and crackers are injurious. Soft foods can be swallowed without chewing which causes the stomach to do more work than it should. If hard food is given it has to be chewed and that helps digest it. Children should early be taught to *chew thoroughly*.

No water should be drunk while eating. If children have milk, have the entire meal of dark bread and milk. Do not eat between meals. Do not eat candy.

Second, a baby's mouth should be washed every day with a little cotton dipped in boric acid and water. As soon as it has teeth, a soft brush should be used. As soon as *all* the teeth are in the mouth *stop most of the soft foods*. Chewing helps to keep the teeth clean and healthy. At this time have two brushes. Use one after breakfast and the other before going to bed. No *tooth powder* or

paste is necessary for a child. Take the *brush dry* and place upon the gums under the lip and brush to the edge of the teeth. Do this thoroughly until all food has been cleaned from between them, then rinse the brush in *cold water* and brush all surfaces several times. Also clean the tongue.

¶ Do you know that the most important teeth of the second set come *just back* of the baby teeth when the child is about *six*? They must be *closely watched* or they will begin to decay. If they are lost, the health is never as good as it should be.

Third, never expose your children to measles or whooping cough. Do

everything to prevent them having such diseases. They injure the teeth in two ways. If the fever is severe enough, the teeth growing in the jaw will have yellow and white spots or pits and when the teeth cut through the gum these spots soon decay. If the child is very ill the teeth may be very badly shaped with sharp, ragged points. The teeth which are already in the mouth get badly coated when a child is sick and if not kept very clean, soon begin to have holes in them.

So,—feed the children carefully, keep the mouth clean and avoid disease. ♣ ♣

DENTAL MECHANICS, AN APPRECIATION

HERMAN J. KEYSER, D. D. S., Olney, Philadelphia, Pa.

ALMOST every branch of the service has received appreciation, officially and unofficially, for the part contributed towards winning the great war. Dental mechanics, who served as non-commissioned officers in our Camps, working under the directions of the dental surgeons, seemingly have been forgotten.

¶ Let us give praise and appreciation where such is due. And certainly that is due to that important branch of dental service. Too much praise and appreciation falls far short of the mark. Those noble citizens did their bit and did it well. Without rank commensurate with their civilian status, they worked faithfully, patiently and laboriously, uncomplainingly, ever seeking to give the best service possible.

¶ My own experience, maintaining a laboratory in connection with hospital service in a very large Army Camp, impels me to give voice to my heartiest appreciation for the service of the dental mechanics who worked under my direction. And, no doubt, other dental officers will concur and add to whatever plaudits may hereby be given.


It is to be hoped that the senior officers of the dental corps of the United States Army, will secure and promote legislation to give rank proportionately with the service of these valued assistants. They did their work well, gave unstinted service and aided materially in making possible as large a number of dentally fit soldiers for overseas duty as the nation demanded. "Well done, good and faithful servant," is plus our heartiest appreciation.

ORAL FOCAL INFECTION

From the standpoint of an Oral Surgeon

THEODOR BLUM, D. D. S., M. D., New York City.

The following article is from "The Dental Forum" for June. The author takes a conservative view of oral infection and does not believe that it is always a menace. It is well for us in this matter, when all are prone to overstatement, to keep our feet on the ground and make haste slowly.

O much has been written and said about the dangers of devitalized teeth and other pathological conditions of the oral cavity, that it may not be out of place to report the clinical findings accumulated from the experience of the last few years, not only from private, but also from hospital practice. It seems that the influence of the so-called oral foci of infection is vastly overestimated and that the experience of honest observers will bring the percentage of systemic disorders, caused by such foci, either to the level or below the one caused by foci in other parts of the human body. To the medical profession, devitalized teeth have apparently been the last straw to grasp in those obscure cases where the routine treatment was of no avail. It is unquestionably true that diseased parts should be either cured or removed, and this holds good particularly for those patients who are suffering with systemic disorders, the cause of which is not known. On the other hand it is absurd, to my mind, to promise the patient, as is so often done, a cure by the removal of infected teeth. Calm observation will, I am sure, finally prove that if such teeth are responsible for general disorders, the percentage is comparatively small and that the advocates of the "cure

it all with removal of oral foci" will be classed with the practitioners who praised emetin as *the* cure of pyorrhea alveolaris, Beebe's serum or radium as *the* cure for cancer, and those others who make disturbances of internal secretion responsible for every disease known to the medical world.

While many different parts of the anatomical make-up of the oral cavity may harbor infection, as for instance, the salivary glands and the mucous lining of the mouth, it may be accepted as a fact that the periodontal membrane either at the apex or at the gingiva, is the most or only important location for a focus of infection. Diseases of the gingiva and of the pericementum at the gingiva comprise conditions generally and most commonly known as "pyorrhea alveolaris" and its forerunner "gingivitis." The pathology of the apical periodontal membrane is probably most often made responsible for systemic disorders. Its first deviation from the normal, as studied by means of the X-ray, is properly termed chronic apical pericementitis, meaning a chronic inflammation (thickening) of the apical pericementum. A further growth of this apical area with the accompanying destruction of the surrounding alveolus results in the breaking down of a number of cells and liquefaction necrosis in its centre. The immigration of epithelial cells from the periodontal mem-

brane may entirely line the now established cavity with these cells, resulting finally in the formation of a radicular cyst, a cyst originally caused by a diseased tooth root. Such cysts may assume large dimensions, displace the antrum, if in the maxilla, or the contents of the interior dental canal, if in the mandible, etc. Chronic apical pericementitis may never develop any further. A large majority of the small areas, however, show a positive culture, mainly, streptococcus viridans. It seems that the larger the cavity, the less likelihood of finding an organism. In fact, radicular cysts, unless secondarily infected, are sterile. There is one other condition which is very often overlooked and may possibly be a cause of infection. This is the so-called wisdom tooth pocket, a pocket which is formed by a partly erupted wisdom tooth and its overlaying gum tissue. It often takes quite some time for such a tooth to erupt and, therefore, the existence of such a focus may be very much prolonged. The treatment is obvious.

Why do not most of the cultures taken from so-called foci show streptococcus viridans? It is very difficult, and at times, impossible, to take a culture from the apex of a tooth without contamination, from any or all the different tissues and instruments and apparatus the parts come in contact with. The oral cavity under normal conditions harbors the streptococcus. Contact, therefore, with the gingiva or any part of the oral cavity makes our finding worthless. Instruments may not be properly sterilized and the culture tubes themselves handled in such a way as to interfere with the final results. Then again, the reports

from unreliable commercial laboratories should be excluded by serious scientific investigators. Consequently, a positive culture taken by the average general medical or dental practitioner is not conclusive. Neither can a negative culture always be looked upon as final, because improper technic, as hot instruments or those covered with alcohol or other disinfectants, may have killed the organism before reaching the culture tube. Low temperature of the test tube and its contents, often interfere with the results which otherwise could have been obtained with proper care. It must not be forgotten that there are certain organisms which at the present time cannot be cultured, the cause of which may lie in the fact that a proper medium has not been found.

¶ The stand taken by the average physician regarding oral focal infections can be summed up in a few words. He has heard and read a good bit about the importance of dental foci of infection. In the average case he does not bother about the teeth at all. When, however, he is confronted with a patient for whom the routine treatment does not result in partial or permanent cure, then the old "stand by" gains prominence. The patient as a rule is sent to a commercial laboratory where, for a small fee, not only an X-ray examination and diagnosis is made, but also advice as to treatment is given by incompetent men. Most often a diagnosis of abscess is made, although first of all, an abscess at the apex of a tooth cannot be diagnosed by means of the X-ray alone and that secondly, only in a small percentage of cases do these apical areas show pus. He recommends the removal of a tooth carry-

ing a gold crown or a bridge, although its pulp may be vital. At any rate, the patient is advised to have the "abscessed" teeth, and those with gold crowns removed, without consulting the patient's dentist or some dentist as to the proper procedure. While the cooperation between the two professions is paramount, the physician should not overstep his field by ordering certain operations in a field with which he is only slightly, if at all familiar.

The average dentist's view relative to this subject, while probably more logical, because he is or should be trained in this special field, still is a good bit influenced by the significance that has been attached to his sphere of activity by the medical man. The radical demands the removal of not only each devitalized tooth, but also of those teeth which show disease of the gingiva. The conservative, on the other hand, can be characterized by the statement of their most ardent exponent namely that "devitalized teeth properly treated are forever secure against infection" and, therefore, believe in the retention of most of the devitalized teeth. There is, however, no scientific proof as yet of their contention.

The present knowledge regarding focal infection of the oral cavity is so uncertain, that competent research work is essential. The number of capable men interested in this subject is very small. It should be clear to everybody's mind that no one is in a position to do research work unless especially trained to do so. Therefore, the fact that one holds an M. D., or D. D. S. degree, or both, is not enough qualification. One has to spend quite a few years in a labora-

tory, practically away from any private work (as is the rule at the Rockefeller Institute) to accomplish successfully the task of serious investigation. So many dentists believe that a microscope, an incubator a few culture tubes, media and stains, etc. are all that is necessary. This is not so, however. One man cannot practise all the specialties and be efficient in each of them. Some dentists have established their own laboratories in connection with their office, the laboratory work being done by a technician under the supervision of the practitioner. The practitioner not being an expert in bacteriology, cannot accomplish satisfactory results. One must, therefore, look upon the establishment of such offices as a commercial tendency on the part of the owner because he knows, or at least ought to know, that he cannot give his patients the best advice and treatment. Considering the above, one arrives at the conclusion that for the conduct of scientific research, three specialists are required, namely, a bacteriologist, a physician, and a dentist. The cooperation of the three alone can throw light upon this subject.

The position of the oral surgeon who acts as a consultant or operator in these cases is not to be envied. Patients appear at his office with a set of X-rays of the teeth and with the complaint of some systemic disorder. They are referred mostly by their physician or dentist who usually promise that the removal of the devitalized teeth will cure them. What hopes can we give the patient and what should be the outline of treatment? Every honest practitioner must admit that no one is in a position to assure the patient

beforehand, that the eradication of such foci will at the same time, or in due time, improve and finally entirely correct the systemic condition the patient suffers from. An infected area somewhere about the mouth may or may not be responsible for the patient's general condition. If however, directly responsible (in case this can be scientifically proven) the organism or their toxins may have injured the body tissues to such an extent, that, although the primary cause of the malady their eradication will not cure the patient, even though further advance of the disease may be prevented.

The most important location of infection in the mouth lies in the apical pericementum, either due to infection from the pulp proper or hematogenous. Only a short time ago, a well-known dentist in New York made the statement "that devitalized teeth properly treated are forever secure against infection" and remarked that he had demonstrated this scientifically, although he neglected to refer me to his works on this subject. The only absolutely certain eradication of such foci consists of the surgical removal of the teeth in question, which, of course, includes the curettage of the socket, if indicated. The fact that these areas after dental root-canal treatment in a number of cases become smaller, as demonstrated by the X-ray, does not give any one the privilege to assume that the infection had subsided, because new bone may be formed while even an active process of infection is going on, as for instance, in a case of osteomyelitis. At this point, I must add that if a patient comes to my office with a history of some

systemic malady, and the dental X-ray examination shows a tooth with what is called a complete root-canal filling with some rarefaction at the apex, or even one at all, I cannot honestly say to the patient that this tooth with its pericemental membrane—no matter who treated the root canal—is not a causative factor of his trouble. In other words, any devitalized tooth, no matter what treatment it was subjected to, may be a focus of infection. No scientific proof has been presented as yet to the contrary.

To my mind, a so-called complete root-canal filling is the ideal result of an operation, the adjective "ideal" characterizing it as something that cannot be accomplished. The only means we have at the present time to judge a root-canal filling *in vivo* is by means of the X-ray and every one knows that such an examination will not permit the operator to state that the apical foramen and all the accessory foramina are hermetically sealed, nor that all the infection had been removed, nor that reinfection will not take place. The fact that a negative culture was obtained from a root canal just previous to its being filled does not guarantee that reinfection cannot take place. I have yet to see the dentist who, during a root-canal operation, will not forget himself at some time and touch some object which will cause the infection of the field of operation. And I really cannot blame him for it, because it certainly seems quite impossible to keep everything sterile, during such a prolonged and intricate procedure. Even a root amputation is not advisable in case the patient is suffering from a systemic malady as the remaining part of the root—no

matter how treated—may act as a foreign body and present a *locus minoris resistentiæ*. In examining the patient, diseases of the gingiva must not be neglected, and the proper treatment, prophylaxis, installed. Local conditions (malposition, faulty articulation, etc.), if the cause, must be attended to as well as general conditions, which may be responsible for it.

To complete one's record, cultures are taken to establish the identity of the organism. The value of vaccine as a part of the general treatment has apparently lost its previous importance. It may do good, but it surely does no harm. The compliment fixation test for streptococcus is rarely used.

In my experience, both at the hospitals and office, the number of cases which were relieved by the removal of foci of infection from the oral cavity is very small. Some patients do not derive any benefit at all as far as their general condition is concerned, others show slight, while again others show temporary improvement. I feel certain that suggestion, as applied to patients by some practitioners, has quite an influence on the patients' mental condition and with it, on their bodily ailments, still, I have never seen a case similar to the ones reported at dental meetings or in different journals, namely, of patients who were brought to the office of these men on invalid chairs, who after the removal of oral focal infections, regained the use of their joints and muscles to such an extent that they could walk in a few days. Such an improvement, of course, is impossible in chronic cases as organic lesions cannot be repaired in such a short time. In acute cases, the swell-

ings of the joints disappear to a large extent with the acute attacks, when the patients regain the usefulness of the affected joints. To consider a case cured because the general symptoms have disappeared, is a fallacy on account of the fact that attacks of arthritis and other diseases of which focal infection is regarded as a cause, may and very often do return sooner or later. Since the advent of focal infection, practically every part of the body has been pointed out as a focus of nearly every malady, each one being claimed by their advocates as the most significant one. To my mind, the importance especially of the apical infections has been greatly over-estimated. Unfortunately, many physicians and dentists are so convinced of the ever present connection between infected areas about the mouth and their patient's general condition, that they promise that the removal of all bad teeth would cure them. It is often very difficult, therefore, to make these patients understand that no such promise can be given but that we only consider it the proper procedure to remove these teeth, because there is a possible or remote chance of their being responsible for the trouble. Past experience seems to show that as a focus of infection, the teeth are not nearly as important as other parts of the body. A genito-urinary surgeon cited to me the other day a case in which an oral surgeon positively insisted that the patient's general condition was caused by areas of infection about the teeth, the removal of which did not improve his condition, while later on, an infection of the lower alimentary canal was proven to be the causative factor. It may not be

out of place to make the statement here that, unfortunately, many members of the profession have during the last few years taken undue advantage of the popular belief in oral focal infections.

The fact that an organism is found at the apex of a devitalized tooth brings up the question whether such an organism was introduced either at the time of dental treatment or without such (simply gaining access through the pulp chamber and canal), or whether this organism selected this habitat, being carried through the blood or lymph stream, the devitalized tooth being a point of lowered resistance. Personally, I would consider it quite possible.

¶ Our present knowledge of this subject being incomplete, the following outline of treatment should be considered: It is possible for a tooth to be a focus for infection. Our advice to the patient, therefore, should be the eradication of the focus, the only positively certain one being the removal of the tooth and curetment if indicated. On the other hand, past experience has shown that the percentage of cases of oral focal infections is comparatively small. The average patient, therefore, who has devitalized teeth and is enjoying good health, should be advised to have these teeth treated by dental or surgical means,

if possible. Patients, however, who are, or who have been suffering with some systemic condition, must have all devitalized teeth removed, if one wishes to remove all likely causes of such disorders. In these cases, it must not be forgotten that every part of the body besides the oral cavity should be examined for the detection of a possible focus. Any bridgework, crown or filling—no matter of what type—should be removed in any patient if they irritate the surrounding tissues. It is rather unfortunate that so many teeth must be removed, although we are not certain and cannot state that they are the cause. As soon as the research work in this subject shall be done by competent men only, and their findings alone seriously looked upon by the medical and dental practitioners, more light will be thrown upon this field for the benefit of both the suffering patients and our profession as well. Our hope, however, does not lie so much in the future accomplishments of this research work as in the enlightenment of both the profession and the public on one hand, and the legislative bodies on the other, in regard to the paramount importance of oral prophylaxis. Oral prophylaxis systematized and well established would unquestionably free the coming generation of the menace of oral focal infection.



IMPORTANT POINTS IN PUBLIC SPEAKING

The following is from the "Minnesota Public Health Association Journal" and has to do with public speaking. The dental profession has much to learn in this respect, and the careful perusal of this article will be of great benefit.



SPEAK to be heard.

Pick the farthest distant member of the audience, back of room or top gallery, speak so *he* can hear, then the rest will hear, too.

2. *Begin* with something, anything, that will rivet attention on yourself and proceed to hold the attention.

If your audience becomes inattentive, *stop*; your usefulness to that audience is ended.

3. Enunciate *clearly*, and *slowly*, as well as *loudly* enough to be heard. Remember, you are giving material *you* are familiar with; you can race through it intelligently; but it is new to your hearers, and they must get it slowly or not at all.

4. Inflect the voice as if you were addressing one individual in private; use language as direct and forceful as you would in private; talk to the audience as you would talk to any good individual friend, simply, energetically, cordially, emphatically. Use appropriate gestures; tell apropos stories with a definite and very clear point, definitely humorous or definitely pathetic, and act the story by gestures if possible.

5. Tell your audience things to do; if you tell them "don'ts" only, it leaves them in a negative state; if you tell them what "should be done" it leaves them as spectators, agreeing with you, but not acting.

6. Be brief: twenty minutes is quite enough; give a very few figures or

facts, and these very clearly and definitely. Long statistical statements are extremely confusing, are never remembered, and are useful only to impress the audience with the fact that such figures have been obtained; they do no other good. Such long statistical statements are extremely useful if introduced into an article for publication; they are useless in a talk.

7. Try to "get over" one idea clearly, definitely, in not too much detail, for details will not be remembered. *Two* ideas in one address is the maximum one should try to put over.

8. Always invite discussion; always get some action, a committee appointed, a resolution passed, something started that will continue after the meeting has broken up.

9. The worst habits a speaker can have are: (a) Speaking in a voice that cannot be clearly heard. (b) Drawling, hesitating, stammering, apologizing, "did n't know I was to be called on," "have n't anything to say, but will try to tell you something," "should not have been asked to speak," etc. If an apology for speaking is really proper and appropriate, then usually it would be still more proper and appropriate not to speak at all. (c) Reading an address instead of speaking. If reading cannot be avoided, read slowly, with careful inflection, and proper gesture. (d) Speaking from a written manuscript; especially speaking a paragraph or two on a subject and

then reading the same material over again from the manuscript because you have lost your place. (e) Wandering away from the main subject. (f) Stopping by a process of "running down" instead of definitely and clearly, because you have finished telling what you came to tell. (g) Saying continually "now,

one word more" and then spending ten minutes on that "one word." (h) Promising the audience to speak five minutes and keeping on for twenty or even ten. To break your word to one person is bad enough—to break it to five hundred at once is the worst of bad policies, and bad manners besides.

CORRESPONDENCE

Editor Oral Hygiene;

I was pleased to see the important notice in your editorial pertaining to the work of the Infirmary. We are always glad to have these articles appear in order to spread the news of our work as much as possible. In this instance, however, there has evidently been a misunderstanding of the Infirmary's report referred to, which gives an entirely wrong idea as to the policy and methods by which our work is to be carried on and gradually improved upon: namely, that there has been previously, and is still—although reduced—an age limit below which children are not accepted for treatment. We have always maintained an age limit, beyond which children will not be accepted, of sixteen years. We have never had any other age limit.

The reference in my report to the "reduction of age" was not as an age limit but as a demonstration of the improved knowledge of the public, and that through publicity and educational work, and more or

less insistence upon the part of the Infirmary, it has been possible to reduce the resultant average age at which children come to the Infirmary for treatment. As referred to in your article, children have frequently been brought for treatment at as low an age as eighteen months, and a considerable number have been brought at the age of three or four years. Of course, one cannot help agreeing with your statement pertaining to six year molars and deductions as to what would be found at the age of eight.

I hope that you will accept the foregoing in an explanatory rather than criticising manner, and that—if you see fit—some notice will be given to the correction, which otherwise would do injustice to the policy which has been in the minds of the trustees since the very beginning of the Infirmary's work.

Very truly yours,
Harold DeW. Cross

Forsyth Infirmary
Boston, Mass.



EDITORIAL

WM. W. BELCHER, D. D. S., *Editor*
186 ALEXANDER ST., ROCHESTER, N. Y.

Oral Hygiene does not publish Society Announcements, Personals or Book Reviews.
This policy is made necessary by the limited size and wide circulation of the magazine.

A PRELIMINARY STATEMENT



HERE are in this country 2,562 daily and 15,735 weekly newspapers. The total average daily circulation, compiled from actual statistics, is 51,596,000 and the publishers of the "American Newspaper Directory" are authority for an estimate that, after excluding trade, class, religious and foreign languages, etc., the total average circulation of the weeklies will amount to, probably, 10,000,000. Here is a tremendous force that in a large degree is and has been dormant so far as dental publicity is concerned. United there is nothing in which they cannot accomplish in moulding public opinion.

To be sure the dentist in his own private office, so far as dentistry is concerned, has an ideal opportunity for an educational campaign, with a patient in a receptive mood and not in a particularly favorable position to talk back. This, provided the dentist doing the work has something to say and knew how to say it. But we are a busy profession. All are agreed as to the necessity of educating the public but not all have the time nor the ability.

It has been proposed that a national educational campaign be instituted. Local efforts have failed in the past because of local jealousies and talent that could not be continuously employed. *Oral Hygiene* has a scheme in preparation in which a national campaign of education could be instituted. To launch such a plan would require considerable outlay of money and talent. This in time would be returned and the campaign made to pay for itself.

The proposition is ideal in the sense that the public is charged for its own education and at the same time have value received for its money, and humanity has been benefited.

To be successful we must have the cooperation of the whole dental profession. They must be assured that the effort is to be an ethical one. That it is to be national in character and no one

particular set of individuals is to be benefited thereby. We are confident that when the whole scheme as outlined is presented to our readers that we will have their endorsement and co-operation in presenting this subject to the public.

I am quite firmly convinced that this will prove to be as valuable a contribution to the welfare of the American people as has been made since dentistry became recognized as a means to that end.

In future issues of the magazine will appear a series of articles explaining the matter in all its details.

Oral Hygiene in the past has many things to its credit, but nothing to compare with this campaign of publicity. We hope that you are in a receptive mood and will do your part in making this effort a huge success.

Naturally such a stupendous undertaking cannot become operative over night, but it can and will be made operative if it has the quality of support warranted by its merit.



SAVE DAYLIGHT SAVING

PRESIDENT WILSON has vetoed the Act of Congress in the Daylight Saving rider of the Agricultural Bill. Undoubtedly its opponents will use every effort to have it reconsidered. We should rally to the President's support and assure our Congressmen that his action meets with our full approval. The Daylight Saving law has undoubtedly helped thousands of people to keep down the high cost of living, to enable them to work in their back gardens and effected a saving in the lighting and fuel bills. Surely dentists have no reason to complain with an added hour in which to devote to riding one's automobile or other recreation.

¶ The farmers of the country are up in arms in objection to the law as it is claimed that it is of direct damage to them and perhaps this is so. But every other industry will be injured. The farmer is a most selfish animal. He may be patriotic in spots but shows a lack of it at times. For him we have legislated in favor of a tax on oleomargarine which if colored is taxable. Nearly all natural butter is colored. Why not allow its substitute to be colored also? We cannot import a dozen eggs from Canada or China without paying a tariff. The Government has set a price for wheat and pledged itself for millions of dollars to help the poor farmer.

It seems difficult to understand why the needs of the agricultural class should be considered paramount to the needs and wishes of all other classes of the country, even though it may be said that the prosperity of the country as a whole is bound up in the prosperity of the agriculturist. Never in history has the farmer population been as prosperous as at present. It would seem that the more they get the more they want. They are never satisfied. Like unto the old lady who was continually complaining to the Priest that the season was unfavorable and the poor farmer was always getting the worst of it. There came a season in which the potato crop was particularly fine and the Father said to her: "Well, Mrs. O'Grady, you cannot complain this year, the Lord has given you an extra bountiful potato crop." She replied, quickly, "But, Father, how about the rotten ones for the pigs?"

It is said that the Standard Oil Company is also interested in the repeal of this Daylight Law. Whether or not this is true it gives us a chance to hang something new on the Standard Oil Company. With the present demand for their products it would seem that they ought to be satisfied.

Undoubtedly "Daylight Saving" has been of advantage to the city worker and there is no reason why by the expenditure of a little forbearance and common sense he should not continue to reap that advantage next year and indefinitely. All that is necessary is for him to agree with his employer that work shall start at 7 A. M., instead of 8 A. M., for this is what he has actually been doing for two summers.

The city of Detroit has for a number of years been working under the eastern time schedule, although located in a different zone. The business men have set their clocks an hour in advance and thus secured all the advantages of their eastern brethren. This makes it necessary to have two time schedules, local time and railroad time, but it has worked out very nicely.

¶ Before the railroads decided on a definite zone system many municipalities labored under the handicap of as many as three time schedules, local, railroad and "Chicago" or "New York" or "Albany" time. Notwithstanding this handicap they seemed to exist and the advent of the zone system was not without its protest.

The dental profession as a body, if they desire suitable legislation, can, by talking the matter over with their patients, writing the members of Congress and using their best efforts, with the assistance of the business men of the country, secure such legislation as is necessary to continue in daylight saving.



SPENDING FOR HEALTH AND EFFICIENCY

AS a result of our entrance into the World War the public was brought face to face with the startling fact that one half of its citizen soldiers were unfit to serve because of physical ills. Most of these had been acquired during school life, in fact had been a part of it. The question is, shall we continue to go on as in the past trying to educate children, who, because of physical ills are unable to assimilate the teaching so carefully presented? What availeth it if we have expensive school buildings, apparatus, and a picked teaching force, if the children, because of physical ills of the teeth, tonsils, adenoids, ears, and eyes are incapacitated to receive the instruction so carefully planned. All of these may be prevented, in a large degree, by early attention.

Over one per cent of our school children are handicapped by organic heart disease; five per cent have tuberculosis; five per cent have defective hearing; twenty-five per cent have defective eyesight. A like number are suffering from malnutrition, the result of poverty and incorrect living. It is calculated that 75 per cent of all school children have physical defects which are potentially or actually detrimental to health.

We have looked upon the country boy, enjoying fresh, outdoor air, as essentially a healthy product, but statistics show that a larger proportion of country boys were refused in the army draft because of physical ills than were their city brethren. Very little has been done for the little red schoolhouse. Therefore, country children know little or nothing in regard to health topics. The tooth brush is an unknown quantity. Now, thanks to the state health boards, we are to have school physicians, visiting nurses and dentists for the country districts. We are not to continue in the wasteful ways of the past—wasting our greatest natural asset, the boys and girls of today who are soon to be our lawgivers—our teachers of tomorrow.

As a matter of fact we have given more attention to our live stock than to our children. The laws prescribe light and airy cattle barns, but in New York City there are school rooms with practically no daylight; every pupil must study by artificial illumination. We have spent millions of dollars for the study and relief of hog cholera, the diseases of peach trees, clams and the boll-weevil, and neglected our children. To remedy these conditions, to place them in the best possible form for receiv-

ing those benefits would not be a permanent expense, in the end we would save money.

We insist that our children shall be vaccinated against small-pox and in most municipalities entrance to school life is refused until this is an accomplished fact. But at the present time we allow children to enter with every physical disease conceivable not only to their physical and mental handicap but to all those with whom they associate.

It is estimated that every time a child does not make its grade in school it costs the municipality thirty dollars. These children are from one to three years back in their grades and thus it is costing the state additional money as well as the child losing a part of its life work.

Modern legislatures are trying to correct this evil and make obligatory the appointment of school physicians and dentists for the examination of children before and after their entrance into school. We are gradually eliminating the physically unfit in our modern curriculum. Speed the day when we shall demand from the parents that our children must be in good physical condition before they enter school life!

With the increased public interest in these matters, the high claims of dentistry as a health preventive, and with the co-operation of the medical profession, it should be but a short time before these evils are recognized and corrected.



¶ The Royal College of Dental Surgeons, Toronto, Ont., with the session of 1919-20 will have a training school for dental nurses. The intention of this course is to train young women for service to both dentist and patient in the practice of dentistry. To prepare them for public service, to act in the capacity of assistants to dentists engaged in school and hospital dental service. The course will embrace seven months' instruction divided into two semesters. The subjects of the course are: The tooth brush and its use; office routine and management; records, banking and correspondence; assisting at dental chair; knowledge and care of instruments, materials and equipment; assisting with anesthetics; preparation of drugs for dental use; sterilization and sanitation; elementary pathological laboratory technique; elementary prosthetic laboratory technique; radiography; ethics and conduct; school and hospital dental service. Registration fee is ten dollars, and tuition fee twenty dollars for each semester. The first class is limited to fifteen members. Each candidate who successfully completes this course is to be known as a dental nurse and will act entirely as an assistant and not be trained or permitted to practise as a "hygienist."

NOTE AND COMMENT

*If all the world were apple pie,
And all the sea were ink,
That state of things were not much worse
Than having naught to drink.*

☛ Dr. John F. Dowsley, one of the Directors of the Forsyth Dental Infirmary, Boston, Mass., died July 17, 1919.

☛ In Beverly, Mass., Dr. Frederick J. Desmond, school physician, has found that 2375 out of 2947 pupils in the public schools need the attention of a dentist.

☛ Platinum worth \$2,000,000 will be placed on the market by the Government at \$105 an ounce. All the government holdings, 50,000 ounces, will thus be placed in small amounts it is believed.

☛ The New York State Dental Society, at their last meeting in Syracuse, took active steps to establish a monthly publication to be the official organ of the society. A committee of five was appointed for the planning of such a publication.

☛ The Legislature of the state of Tennessee at the last session created a Bureau of Oral Hygiene to act on the State Board of Health. A. G. Buckner, D. D. S., Nashville, Tennessee, is the new Director of the Bureau of Oral Hygiene.

☛ According to government estimate, the live stock of France has decreased very little since the war, and with their cattle as a foundation and their indomitable perseverance as a constructing force, France is beginning to rebuild herself.

☛ During the recent conflict about 3,700, or 25 per cent of the 15,000 physicians in New York State left their practice and homes for military service, while a still larger number gave a part of their time in the work of medical examiners and advisory medical boards.

☛ Dr. Victor Hugo Jackson, New York City, has presented to the Dental Department of the University of Buffalo, the sum of five thousand dollars for the establishment of a clinic in oral surgery. It is expected that the clinic will be completed before September.

☛ *The Dental Forum* published in the interests of the Alumni Association, University of Buffalo, after another Rip Van Winkle sleep, has come to life again. Even the publishers will not say for how long. However, we are glad to have *The Forum* with us, if only for a brief period. It was always snappy and up-to-date. Just why it has suffered such an erratic career is not apparent. It is well worth while.

¶ At the recent meeting of the New York State Dental Society, a Fellowship medal was presented to Col. William H. G. Logan, Chicago, who responded with an address on dental service in the United States Army during the World War.

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¶ In some of the towns in France where American soldiers were quartered the sale of tooth brushes increased enormously, because the French admired the white teeth that gleamed back of the American smile. Like Kipling's child they naively asked "why?" and the invariable answer was "tooth-brush, I guess."

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¶ Mayor Peters of Boston recently made an official inspection of the Forsyth Dental Infirmary and declares that the institution is doing a wonderful public service and gives to the children of moderate means the finest service for their teeth and throat that it is possible to provide for them. Its equipment is complete and its large staff of doctors gives a wonderful service •••

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¶ Twenty-four young women graduated from the Rochester Dental Dispensary as Dental Hygienists on Tuesday, June 10. Rev. Murray Bartlett, President of Hobart College, delivered the principal address. The diplomas were presented by Mr. Edmund Lyon, Vice President. Rev. David Lincoln Ferris, of Christ (Episcopal) Church, opened the exercises with prayer •••

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¶ Carl E. Smith, D. D. S., B. F. Goodrich Company, Akron, Ohio, claims to have made 30,000 mouth examinations in the past 16 months. This for 17,000 Americans and 13,000 foreigners. Of this number 96 per cent were in need of dental service and only 4 per cent had clean, healthy mouths. Nine per cent were without cavities and could be made healthy by thorough cleansing, the balance had all the pathological conditions known to dentistry •••

•••

¶ Akron's admirable public health nursing service is responsible for the low child mortality rate achieved by Summit County in February, with its forty-three deaths of children under five years of age in February, twenty below its record for the corresponding month of last year, and thirty-seven and twenty-three respectively below the monthly averages of 1916 and 1917. This record, it will be noted, was in February when in the state at large diseased conditions were still abnormal as a result of the Influenza epidemic, and in a city whose population has been increasing at a tremendous rate in recent years. The fact that this great reduction in child mortality was achieved in the city which is probably better equipped with nursing service than is any other city in the state offers food for thought to many other municipalities.—*Ohio Public Health Journal*.

¶ A group of one hundred business men of Cincinnati, have pledged their support to the Cincinnati University to assist in establishing a department in the Cincinnati University Medical School for the training of industrial physicians.

¶ We complain of the high cost of living and justly. But at the present time in Paris, France, meat products are selling at over \$1.00 a pound. Ham is quoted at \$1.90, chickens are selling at \$5.00 each, eggs are \$1.15 a dozen, condensed milk is 40 cents a can and sugar costs 16 to 18 cents a pound, when it is obtainable.

¶ *The Buckeye in the Left Hand "Pants" Pocket.*—Kansas has an illiteracy rate of 2.7 per cent, and yet there are people not in this class, wearing asafetida bags around their necks, or carrying a lump of camphor in their pockets, or contaminating the atmosphere with garlic or onion breaths as a preventive against influenza! Will the janitor please open the windows wider?—*Bulletin*, Kansas State Board of Health.

¶ The maritime experts of Germany calculate that she has lost half of her tonnage of January 1, 1914, by act of enemy appropriation. On that day Germany had 5,460,000 tons of shipping. Among other ships under present construction, the Hamburg-American line is building the *Bismark* of 56,000 tons, *The Turpitz* of 32,000 tons, and similar gigantic craft, while freighters are being completed of 18,000 tons each at various German yards

¶ In the Great War, New Zealand contributed to the Allies 101,000 of her 1,000,000 men. The American Indian should also be commended. There were less than 33,000 male Indians of military age, yet more than 6000 of them wore the khaki, 85 per cent being volunteers. Several hundred are in the Navy. The Indians subscribed more than \$13,000,000 to the first three Liberty Loans, or between \$30 and \$40 per capita.

¶ Chicopee Falls, Massachusetts, is building a new High School building and strong efforts are being made to establish a dental clinic in the new structure. The proposed clinic is meeting with strong endorsement among the citizens and it is expected that an order for an appropriation will be introduced to the board of aldermen. Many of the citizens feel that the matter has been put off too long and that a dental clinic should be established in temporary quarters before the opening of the new High School building

¶ The Public School Clinic of Wichita, Kansas, was started originally by the local dental society, but has been taken over by the Board of Education and all expenses are paid out of school funds. This work, confined to the grade schools is in charge of Dr. H. W. Kalston who spends three and one half days each week at the Clinic, caring for an average of twenty-five patients per week. Two more half days are devoted to inspection of teeth in the schools. Kansas has recently passed a law making the examination of the teeth of school children compulsory, and the school board is planning to employ one or two more dentists to assist Dr. Ralston in the work.

¶ The chemist is learning how Nature mixes her elements, and many of the so-called "substitutes" are not really shams. Vanilla, for instance, the laboratory product is practically the same as the natural product. One man worked on indigo for fifteen years to learn how to make it, and is took twenty years more to put it on a factory basis. The manufactured product rivals the indigo natural product of India.

¶ It has been said that Germany must have the following needs to exist: Of raw materials, stuffs for spinning, hides, skins, high-grade ores, rubber, timber for ships and furniture, oil-producing plants, animal fats, fodder, fertilizers, coffee, cocoa, tea, tobacco, and precious metals. Cotton is a crying need, no substitute having yet been found. They are using limited quantities of nettle silk. Copper is almost worth its weight in gold in the Central Empires.

¶ The United States has 7 per cent of the world's area and 6 per cent of its population. She has 75 per cent of the corn, 66 per cent of the cotton, 66 per cent of the oil, 50 per cent of the copper, 40 per cent of the iron, 40 per cent of the coal, 40 per cent of the railways, 35 per cent of the banking power, 30 per cent of the manufactures, 30 per cent of the wealth and 25 per cent of the wheat of the world.

¶ One of important peace-time uses of the aeroplane will be the surveying of country that otherwise might not come under the influence of transits and levels. Deserts and mountainous regions of the southwest, the surveying of cities and towns and railway systems, or anything that can be photographed from the air will be an easy matter with the use of the modern flying machine.

¶ According to the *Nashua (N. H.) Telegraph*, Chairman Arthur L. Wallace of the Medical Inspection Committee of the Board of Education reports the dental clinic, which was established by the aid of the Nashua Woman's club, to be "the biggest agency for the correction of physical defects we have in Nashua;" defective teeth are found in more children than any other one condition, being 75 per cent. Nineteen local dentists have voluntarily given their services. It is hoped that the city will pay for future work done.

¶ New York City is passing through a period of prosperity so far as its office buildings are concerned. There are scores upon scores of office structures downtown in New York that were barely paying expenses a few years ago which today are regular gold mines. There are office buildings, in which tenants whose leases had expired were begged to remain for a year without payment of rent, which today has not a foot of space to rent at a price which four years ago would have been considered absurd to suggest. There are office buildings in which the lumber rooms in the topmost floor of the structure bring more revenue today than the most palatial office did a few years ago.

¶ Never in the history of New York real estate has there been such a transformation. A decade past many buildings did not return enough to pay the tax. Some were sold for taxes, many were half empty, not one was fully occupied. Today, an old building brings more, twice over, than the best and most modern ones did, foot for foot of floor space, a few years ago.

¶ Some observers have contended that the number of flies during late years has materially decreased. This due to results of a nation wide campaign. Some communities excel in this respect so that certain birds which chiefly depend on flies for their food are compelled to move elsewhere. With proper precautions and keeping everlastingly at it there are no good reasons why many communities should not be flyless.

¶ *Modern Medicine*, Vol. 1, No. 1, is the latest exchange on our list. This is a monthly magazine of medical and health progress for physicians and others interested in administrative, industrial and social health problems. Alexander Lambert, M. D., S. S. Goldwater, M. D., and John A. Lapp, LL. D., are the editors. Office of publication, 58 East Washington Street, Chicago, Illinois.

¶ The Alumni of the Northwestern University Dental School, have placed an order with the eminent sculptor, Hibbard, for a bust of the Founder of the Dental School, Dr. Gilmer, which will cost when completed \$1,000. The Committee of which J. P. Smith is Chairman, will receive your subscription for this object.

¶ A bill was introduced in the House of Commons on March 26, creating a Dominion Department of Health. The Act was passed by the House of Commons on April 11, and is, therefore, a law. For a number of years the United States has made an effort to recognize health as a national asset by appointing to the Cabinet a special representative who shall have charge of this department. With Canada to lead the way we may look forward to the possibility of our dreams coming true.

¶ The state of Michigan has enacted a law legalizing the dental hygienist. This is part of the dental law which was passed without opposition and at the almost unanimous request of the dental profession. New York, Massachusetts, Connecticut, Oklahoma and now Michigan has legalized the dental hygienist. There may be other states in which legislation has been passed regulating their practice, but if so we are unfamiliar with them. Will our readers advise us if there are any other states in which the employment of the dental hygienist is legalized?

¶ As expected, there has been an important drop in the price of drugs since the armistice. Phenol and salicylates have markedly weakened. This is due largely to the immense stock of crude phenol which will shortly be placed on the market by the government. Phenol is now being offered as low as 6 and 7 cents per pound in ton lots. This is some contrast to the war days when it sold as high as \$3 to \$4 a pound. Chloroform is promised at a lower rate. The government will probably offer a quantity of the drug in the near future. Opium, quinine, cream of tartar, glycerine, acetic acid and acetanilid have also dropped in price.

¶ The following is taken from the *Dental Surgeon*, published in London, Eng.: "American doctors who have had experience with our troops during the war say that the most C3 symptom about us is our teeth. They are quite well impressed as to our general physique, particularly considering our town habits, but they assert that we have the worst teeth in two hemispheres. This is attributed to climate in part, in part to mistaken dentistry in the past, and it may be to habits of food. But the strange thing is that American dental experts are not alone in blaming the tooth brush for a great deal of trouble. They say that we injure the ligatures of the gums by a wrong and rough use of the old-fashioned tooth brush. with the result that our teeth become loose and soft. In this connection I came across a curious case the other day. It was that of a well-known lawn tennis player who contracted 'tennis arm.' He spent over £200 in trying to get it put right, and then he happened to pay a visit to his dentist, who scraped his teeth. At once the tennis arm-symptoms disappeared. It sounds absurd to the layman, but the dentists say that all sorts of maladies of the body, including rheumatic symptoms, sometimes, are traceable to teeth."

SCHOLARSHIP AND GOOD TEETH

¶ The following is taken from the *Manchester Union*: "If any one should have perfect teeth it should be the graduating class of a normal school. They are to go out and teach the practical importance of good teeth as a general health asset and the resolution of this class recommending future graduates should be thus equipped is most significant. As a sound, sensible and generally admirable proceeding, we commend the plan followed by the graduating class of the Plymouth Normal School, by which every member secures certification of the possession of a set of teeth in perfect order, either by nature's favor or the dentist's skill. The class has drawn up resolutions, urging a similar course upon succeeding classes, and recommending that ability to meet dental requirements be made a requisite for graduation. Also it will forward its certificates to the state school authorities."

¶ It seems to the *Union* that this plan has far reaching possibilities for good. The practical importance of good teeth to the general health of the individual is coming to be more and more widely recognized, a diseased molar, for example, being often found cause for miseries in other parts of the body. The health of the graduates will be better because they begin their professional tasks possessed of teeth in full commission. Still more important, perhaps, will be the results of excellent example upon the children whom these young women are to instruct. Each teacher will go to her school, not only carrying the gospel of caring for the teeth but also serving as a shining exemplar of its great virtues. The Plymouth girls undoubtedly will be called to all parts of the state, and so many cities and towns may share in the benefits. The girls who as a class made sure that they registered 100 per cent efficient from the dentist's point of view are likely, individually, to be enthusiastic advocates of similar efficiency among their pupils. It is, indeed, a plan of much promise which has been adopted by the class of 1919.

We want good, clean humor for this page and are willing to pay for it. Send me the story that appeals to you as "funny," and if I can use it you will receive a check on publication.
Address: EDITOR, 186 Alexander Street, Rochester, N. Y.

¶ One dusky citizen was in uniform. The other clung to his civilian garb and railed against the draft.

¶ "I ain't a goin'," he said, "an no one is goin' to make me."

¶ "Niggah," replied the other earnestly, "if Mr. Woodrow Wilson wants you, you go! That man just took an hour of daylight from God Almighty. Then he took all the railroads away from white folks and give 'em to his son-in-law. What chance has you got?"

¶ "Elmer 'pears to like it pretty well," said the fond mother who was reading a letter from her son at a cantonment.

¶ "He says he gets good food and plenty of it, but still he'd like to sit down at the table here at home with a thick, juicy steak before him, with cream gravy, fried potatoes and a lot of other things, and wind up with lemon pie with inch-thick frosting on it."

¶ "Good Lord!" ejaculated her husband in a strangely hushed voice. "So would I!"

¶ "And St. Patrick killed all the snakes in Ireland," concluded the teacher. Jimmy Jones giggled.

¶ "Jimmy, what did I whip you

for, yesterday?" asked the teacher, severely.

¶ "Fer lyin," answered Jimmy promptly.—J. M. R., Enid, Okla.

¶ "Do you know, sir, that your great, bulky brute of a bull dog killed my wife's dear little, unoffending ethereal, heavenly pet poodle?"

¶ "What about it," asked the big man.

¶ "Well," said the little man looking carefully around to see that no one was spying, "would you be offended if I presented your nice dog with a new collar?"

¶ A rookie was reading an article about the Kaiser which compared him with Nero. "Who was Nero, Bill?" he asked of a fellow rookie. "Wasn't he the man that was always cold?"

¶ "Naw," was the reply, "that was Zero, another guy altogether."

¶ A Lake Charles negro went to register for military service.

¶ "What is your name?" asked the official.

¶ "George Washington," was the reply.

¶ "Well, George, are you the man who cut down the cherry tree?"

¶ "No, sah, I ain't de man. I ain't done no work for nigh onto a year."